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[Introductory p.i]

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[Introductory p.ii]

MEDICAL BELIEFS AND PRACTICES OF BEGEMDER AMHARA

ALLAN LOUIS YOUNG

000

A DISSERTATION

in

ANTHROPOLOGY

Presented to the Faculty of the Graduate School
of Arts and Sciences of the University of
Pennsylvania in Partial Fulfillment of the Requirements for the Degree of Doctor of Philosophy.

1970

Anthony F.C. Wallace
Supervisor of Dissertation

Brian Spooner
Graduate Group Chairman

[title page]
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PREFACE

121 This dissertation describes the medical beliefs and
practices of an Amhara population of northwestern Ethio-
114 pia. The field research upon which it is based was con-
131 ducted from January to December, 1966, in the highland
area of Begemder province that extends from Gorgora, on
the northern shore of Lake Tana, to Debark, overlooking
101 the Takassie valley (see Map 3). This region is occupied
144 by four ethnic groups, the Amhara, Abyssinian Muslims,
197 Falasha (Abyssinian Jews), and Agaw (former pagans). All
131 are racially indistinguishable from one another, and
speak a common language, Amharic. North of the Takassie
River live the Tigre, a people closely related to the
Amhara and, like the latter, Coptic Christians.

101 The Amhara, who are the most numerous of Begemder's
peoples, also inhabit much of the highland plateau extend-
ing to the south, into Gojam and Shoa provinces, and to
231 the east, into Wollo province. Most Amhara are rural folk
241 who practice a mixed agricultural economy, gorwing grains
621 and pulses; raising sheep, goats, and cattle. The Amhara
632 countryside is divided into parishes. A parish is com-
posed of several hamlets whose residents live on dis-
persed homesteads, and share important social and econo-
369 mic ties through their parish's church. In addition to
these rural folk, Amhara constitute a majority among the
townspeople of highland Begemder.

000 townspeople of highland Begemder.

632 Field research was concentrated in the vicintiy of
114 Gondar, the largest of the province's towns, and imperial
capital during the seventeenth and eighteenth centuries.
[874] Today, it is the provincial capital and an important ec-
[346] clesiastical center, housing several famous churches and
*[756] reknowned ecclesiastical academies. The town is also the
home of many of the province's most famous healers. Ex-
tended research was also conducted in the Woggera region
north of Gondar, in the rural hamlets discussed in Chap-
121 ter Three. The division of research efforts between
town and countryside reflects the important urban and
rural aspects of Amhara medical practices with regard to
the distribution of practitioners.

Through observation and inquiry, this field research sought, first, to elicit a description of the social and natural environments in which Amhara perceive pathogenic, prophylactic, diagnostic, and therapeutic forces to operate. A second concern was to examine how Amhara select elements from these environments, and arrange them into etiologies with which to explain particular disease episodes. On the one hand, this meant collecting abstract, conscious etiological models used by Amhara; on the other hand, it meant recognizing etiologies that are constructed pragmatically and piecemeal, in the course of prophylactic and therapeutic failures and successes. Fi-

121 nally, data were gathered relating to the modes of acquiring, exercising, validating, and conserving powers of prophylaxis, diagnosis, and therapy. Here, as in the other areas of data gathering, a necessary distinction was made between the perceptions of practitioners and those of their clients.

*793 While the secular medical traditions of Ethiopia
869
75 are exclusively oral, powerful cleric healers known as
197 debteras have traditionally employed diagnositc, pro-
539 phylactic, and therapeutic texts written in Ge'ez, the
language of the Church, and in the vernacular. Numerous
*793 debtera texts gave been collected in the libraries of
114 Europe and the United States, and valuable translations,
127 most notably by Marcel Griaule, Deborah Lifchitz, and
Stefan Strelcyn, have been published. These published
translations, together with translations made in the
field with the assistance of clerics, have been utilized
in the writing of those sections of Chapter Four dealing
with the debtera's medical texts.

121 Although the focus of this dissertation is limited
171 to the region in which field research was conducted, it should not be overlooked that the Amhara share important cultural affinities with peoples, now largely Islamic, occupying lands extending from the eastern Mediterranean to the Persian Gulf.

000 The highlands of Begemder, Tigre, and Eritrea form

The highlands of Begemder, Tigre, and Eritrea form

the nucleus of Coptic Abyssinia. During the first millenium B.C., the indigenous Hamitic people of the cool plateau were repeatedly invaded from across the Red Sea, by pagan and Jewish immigrants from South Arabia. Within a millenium, the influence of these Semites spread over the northern highlands, producing a cultural synthesis more obviously Semitic than African.

In the fourth century, missionaries of the Syrian Christian Church arrived in the Kingdom of Axum. Axum, located near present-day Asmara, was then the greatest Abyssinian state, linked by trade with the Mediterranean Sea and the Persian Gulf, and by military expeditions with the Arabian peninsula. The Syrians converted the Axumite court to Christianity, an example which was subsequently followed by most people of the northern highlands. After the great schism at Chalcedon, the Ethiopian Church continued its ties with the Orthodox faction, as a dependency of the Coptic See of Alexandria.

In the seventh and eighth centuries, however, Islamic conquest of Egypt and Nubia severed Ethiopia's commercial and ecclesiastical links with the Mediterranean world. Then, with the establishment of Muslim states, on the Red Sea littoral, Coptic Abyssinia became completly isolated from world Christendom. Thenceforth, the Christians of Abyssinia shared their greatest cultural intimacy, albeit often antagonistic, with the Muslim

17 peoples who penetrated deep into the highlands, making many converts among the Christians. Even after the defeat of the Muslim armies in the sixteenth century and the subsequent rennaisance of the Ethiopian polity, relations with the Islamic world persisted, augmented now by the presence of Abyssinian Muslims permanently settled in the highlands.

*755 Within the context of Ethiopian medicine, these
*787 widespread cultural affinities are most obvious in the
*793 works of the cleric healer (the debtera), and in the
177 practices of the zar possession cult. For example, in
their numerological operations, the debtera's divinatory
texts repeat the gematria manipulations of the Kabbalah,
while the ideology which rationalized these formulations
clearly reiterates the astrological lore of Islamic savants.
177 Similarly, affinities are obvious between Ethiopian
778 and Islamic amulets, in their construction, in the
design of talismanic devices, and in the ends for which
*757 they are manufactured. Nor is evidence of the translation
177 of Islamic medical treatises into Ge'ez and Amharic
539 lacking. Here, however, these works, particularly regarding
humoral theory, have enjoyed only a very limited
diffusion, and have been subordinated to indigenous medical
*787 notions. Finally, the zar cult, in whose coteries
many of Begemder's women belong, is no local phenomenon,
but appears in one form or another throughout this entire culture area.

000 tire culture area.

104 There is a final, linguistic note. In describing Amhara medical beliefs, it has been necessary to employ a substantial number of Amharic terms. The more frequently used terms are included in the index, where each is followed by an English gloss. Within the text, these terms are used together with English, rather than Amharic, grammatical markers.

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CHAPTER ONE

AN OVERVIEW OF AMHARA DISEASE BELIEFS

128 This chapter describes the "natural" environment in which the Amhara set their system of disease beliefs. The description is in five steps, opening with an account of human physiology as it is conceived by the Amhara. This is followed by an enumeration of the agencies held responsible for transforming the man of good health into a sickman. Each pathogenic agency is described in terms of its physiological effects and symptomatic expressions. As its third step, this chapter considers these symptoms from a nosological point of view, that is, with regards to the rules by which symptoms are grouped under specific disease names, and by which these classifications are related to one another to form a disease-name taxonomy. [753] The Amhara disease-name taxonomy is simple, and by itself reveals relatively little about the system of disease beliefs of which it is a part. For this, a fourth step is required. Here, the specific disease-names are considered from an etiological perspective, in terms of the explanations associated with the onset of various ailments. In the text, a typology of five etiologies is described. The etiologies are unnamed, but implicit throughout the range of Amhara prophylactic,

128 diagnostic, and therapeutic practices. The final step
of the chapter compares these etiology types with the
strategies used by healers for countering the effects
of pathogenic agencies.

76 Amhara healer and layman use common sets of physiological
827 and pathological notions; neither physiology
nor pathology is conceived as a coherent body of knowledge
in its own right, however. The Amhara does not
often verbalize these notions, and, when he does, it is
in ad hoc contexts, generally intrinsic to the selection
of prophylaxis or the administration of therapy. Thus,
set down on the following pages as discrete subjects,
Amhara physiology and pathology appear as collections of
relatively simple notions, and of limited explanatory
power when compared with the medical systems of other
historical civilizations. Unlike those systems, the organization
of Amhara medical beliefs and practices is
dominated by concepts of practitioner power, its sources
[128] and its therapeutic and prophylactic expressions. Those
subjects are dealt with in the remaining chapters of
this dissertation

AMHARA PHYSIOLOGY AND PATHOGENIC AGENCIES

827 Although most Amhara can identify the grosser body
organs by name, even the knowledgeable anatomist can as-

827 sign functions to only a few of these. Among these organs,
the heart is considered primary. First, it inspirits
and regulates all other organ activity by means
of the vital heat which it pulsates and radiates throughout
*753 the body. While pulsing within normal frequencies,
827 sufficient heat is generated to sustain good health
*[192] (tena); more rapid pulsing produces excessive heat which
is perceived externally as fever (tukusat). When cardiac
hyper-activity is of great intensity and persistence, the
heart's ability to exert its authority over the subordinate
organs is progressively reduced; this is expressed
827 symptomatically as chronic fatigue and lassitude. In addition
*[192] to this vitalizing function, the heart controls
body movement through the jimat cords, a term including
veins, arteries, tendons, and ligaments. The heart is also
capable of limited movement downward, backward, and
[763] can spin in place. These movements have no febrile effect
but since the heart is the seat of the intellect, these
motions often lead to mental disorientation and confusion.

Heart and blood share no special tie, nor is the
*[192] latter's vascular confinement appreciated. Anatomically,
the blood is instead associated with a reservoir organ
(yidem sir, "blood's root") located at the base of the
[841] skull. Functionally, the blood's most specific association
is with procreation, for maternal blood is necessary
to nourish the homonculus to infancy. Because the re-

827
[841] quired amounts of blood are continually renewed in fer-
tile women, menstrual effluence is necessary to shed
*[192] blood not needed between pregnancies. Hence, the cessa-
tion of menstrual bleeding at menopause (*arowgey*) indi-
[892] cates the loss of fertility. *Arowgey* is only one form
*[192] of infertility, however, since a woman may be infertile
through magical cuases even though she continues to men-
struate (*makan*).

[825] The stomach is described as an inert organ housing a colony of *wosfat* worms. These are usually identified with ascariasis and are believed to transform food and drink into waste. For the host's well-being, their numbers must be sufficient to consume all ingested food; should they become over-abundant, however, hunger and a quarrelsome disposition will drive them to viciously attack accessible body organs.

*[192] Beyond these few naturalistic descriptions of organ functioning, the Amhara invokes Divine Providence (*yi-Igziyabiher ara*) to explain physiological processes, such as the renewal of menstrual blood and the source of vital heat. God further provides that, in the absence of intrusive influences, the parts of the body will function together to maintain a state of harmonious well-being (*tena*), devoid of pain and characterized by the vigor and physical control commensurate with the individual's age.

000 Malign agencies, both corporeal and incorporeal,

*753 776 Malign agencies, both corporeal and incorporeal, are in abundance, however. Of these, the *zar* and *ganel* spirits are regarded with the greatest interest and concern. On the one hand, *zars* and *ganels* cause a great variety of ailments, often mortal ones. On the other hand, they are intelligible beings, each organized into socially structured communities of confreres and, most important to humans, they are willing to communicate information of therapeutic significance.

*753 *787 776 562 *Zars* select their victims carefully, most often choosing girls and women. Typically, this choice is signalled by the onset of chronic stomach pain, persisting headache, and arthritic complaints, although powerful *zars* are capable of sending any ailment. Once selected by a *zar*, a host can expect the subsequent attentions of other *zars*. Periodically, each of these will dramatize his domination over the human partner by sickening him and demanding tribute in the form of clothes, jewelry, and specially prepared food. *Zars* are visible only during the dreams of their human partners; in addition, they frequently speak through their hosts. From these sources, it is known that the zars have human forms and live in a bisexual and culturally pluralistic society which duplicates that of traditional Abyssinia. The means by which *zars* cause sickness is not known to humans, however.

*753 776 782 *[192] Measles (*ankalis*) and smallpox (*watetoy*) are attributed to eponymous spirits who are customarily pro-

*753 pitiated with *zar*-favored foodstuffs. Because of this,
776 they are loosely associated with the *zars*. Unlike the
782 latter, however, they are vague phantoms with whom no
*[755] *[192] communication is possible; their demands are known from
convention and, once satiated, leave the sickman permanently.

776 *Zars* contrast with *ganels* in several significant
779 respects. The *zar* lives in a world which parallels but
is distinct from man's own; it is a world whose existence,
together with that of the *zars* themselves, is denied by
*[192] the Coptic Church. The *ganel*'s existence is entirely
earth-bound, and he is identified by the Church as the
Abyssinian satan (*seytan*). Whereas it is the *zar* which
initiates ties with his human host, the *ganel* is forced
into such relationships by his human partner. The *zar*'s
host may be anyone, the *ganel*'s partner is always a male
ecclesiastic who possesses a store of esoteric knowledge.

*753 The *ganel*'s appearance is known from scriptural
776 references and, in addition, they are infrequently seen.
[539] When visible, the *ganel* appears as a tall and thin black-
*[192] man, Nilotic except for certain details. Descriptions
by laymen are generally hearsay, since madness (*ibidet*)
strikes the unprotected human who looks on a *ganel*; if
the glance is returned, the effects are mortal. So dangerous
is the *ganel*'s person that even contact with his
shadow leaves the victim stammering and given over to

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*[192] undefineable fear and anxiety (*ayni tila*); the *ganel*'s shadow is sufficient to render the constitutionally frail child feeble-minded (*muň*). Although *ganels* in nocturnal ambush sometimes strike blows resulting in epileptic seizures or apoplexy, and although their human partners may oblige them to send almost any ailment, most *ganel*-caused sicknesses result from indirect contact with their malignant persons (*likift*).

Likift refers to the transformation of innocuous substances into morbid or corrosive stuffs, through contact with certain agents. The ganel is the most virulent of these agents, and the most serious form of *ganel-likift* results from the ingestion of food which has been tasted by him. Frequently, this is food which has been left uncovered overnight. Once in the stomach, the *likift*-substance interferes with digestion and produces acute diarrhea. Simultaneously, it washes up to affect the contiguous heart, which reacts to this irritant
*[192] with rapid pulsations and pain. The sickman (*himemteňa*) becomes greatly fatigued by this cardiac activity and finds it particularly difficult to breathe; the combination of pain, fatigue, and *wosfat* attrition leads in turn to anorexia. Since the *likift*-substance works on contact, washing with *ganel*-touched water results in a variety of skin ailments---septacemia, hemorrhagic and acute ulcers, scabies, scrofula and, infrequently, lep-

*753 776 rosy.

*753 825 *Likift*-powers are also associated with crawling insects, spiders, lizards, and the infrequent highland snake. As with the *ganel*, these creepers are innately contaminating, either through direct contact with their persons, or indirectly through media which they have touched---such as clothing and water---or which they have *[192] expelled---such as uring and saliva. This *likift* results in ringworm, varioloid and exzemoid skin diseases; because of their inherent toxicity, these creatures are also frequent ingredients in poisonous infusions (*yijeseb*).

*753 776 825 Sometimes, it is problematic whether the conditions which attract the attentions of *ganel* and creeper are not themselves sufficient to produce certain syndromes. For example, serious stomach pain, bloat, and feverish coughing are linked to the consumption of stale food or soured *talla* beer; these substances are, in turn, favorites of *ganels*. Similarly, the stench of bodily filth appeals to *ganel* and creeper, and is a common precursor to scabies and various rashes. However, both spoiled foodstuffs and filth are believed noxious enough to produce these ailments, without requiring the assistance of *ganels* or creepers.

*753 821 The notion of contact-pathogenicity which characterizes *likift* is also associated with a sun-borne agency known as *gerifta*. There is an important difference be-

*753

821 tween the two agencies, however. With *likift*, the pathogenic source is known to be the inherently contaminating persons of various corporeal beings. With *gerifta*, disease-causing powers are only circumstantially associated with the sun, and emphasis is focused on the conditions under which contact with direct sunlight is potentially dangerous.

The sun is regarded with no awe, nor is it personalized in any way. Moderate exposure to its rays threatens no special danger; choice of daily dress, for example, is determined by considerations of comfort and propriety, rather than prophylaxis. When, however, sunlight falls upon an unclean body part---a perspiring torso, a diner's unclean mouth, a nursing breast---or upon a body emerging naked from a toga's cool confines, *gerifta* threatens. Although symptoms vary according to the area of the body which is affected, such *gerifta* ailments begin with a surface irritation. If untreated, the symptoms intensify producing scabies, furuncles, mastitis, and bothersome rashes.

Even in the absence of special conditions, prolonged exposure to the sun of certain body areas can produce painful body compalints, such as headache, and conjunctivitis, blindness, earache, tonsillitis, and toothache. Lastly, *gerifta*-mists are created when sunlight falls on soil recently moistened by showers or urine.

*753 Here, again, the consequent ailments are caused by contact-irritation. Although urine-mists can cause pubic sores, more frequently gerifta-mists are inhaled, to affect the body internally. In this role, the mist may irritate the walls of the respiratory tract, causing sneezing and coughing, and penatrate to the heart, where it induces severe local pain, rapid pulsation and its attendant effects.

*753 *278 762 Some humans also possess illness-causing abilities. Laymen often know recipes for poisons which can be added to a victim's food and drink. Although the inventory of such recipes is great, the poisons' effects tend to be uniform, differing mainly in the rapidity with which death is brought about: Once ingested, the toxin agonizes and destroys the digestive wosfat; simultaneously, it wahses up to chafe the heart into intensive overactivity. Symptomatically, the victim experiences nausea, vomiting, lassitude, and---owing to the heart's cognitive function---severe disoreintation. When a poison fails to produce a rapid and painful death, the victim's demise is preceeded by several weeks of indiscriminate and aggressive anti-social behavior as a consequence of the heart's deterioration.

*753 754 Amhara sorcerors can cause a great variety of ailments, as well as other misfortunes not directly affecting the victim's physical well-being. Knowledge of

*755
*793 ensorcelling spells and rituals is mainly limited to
certain debteras, the Coptic scholars among whom the
*755 ganel's human intimates are also found. Since laymen
539 are generally illiterate and unfamiliar with the litur-
[212] gical language (Ge'ez) in which spells are composed, they
are unable to master the long lists of magical names and
injunctions which are associated with powerful spells.
Consequently, although laymen occasionally own ensor-
celling spells and rituals, these spells are generally
abbreviated and invariably weak. In addition, lay-
owned spells and rituals are usually obtained from
questionable sources, since the layman is unlikely to
possess a medium appropriate for "purchasing" such
knowledge.

*753 Human illness-causing powers may be inherited or
754 congenital, as well as learned. In Begemder Province, in-
herited powers are limited to budas, Falasha wer-hyenas.
The buda's dangerous abilities reach full potency after
pubescence, when the hyenas' nocturnal cries compel him
to spend the night with them feasting upon disinterred
human cadavers. At dawn, the buda returns home, assum-
ing a benign demeanor until his morbid attentions are
[826] fixed upon a living victim. Many of these are persons
*[192] of "good blood" (tiruw dem sew), individuals who have
inherited the light and unblemished complexion favored
by Amhara, although other attractive physical features

*763

754 also excite the buda's interests. The buda's remaining
[826] victims are people he sees eating ordrinking in public,
[264] particularly while the buda himself is hungry or thirsty.
In all cases, the buda concentrates upon the part of his victim's anatomy that initially attracted him, and through it introjects his invisible buda aspect into the victim's abdomen. Unknown by the victim, the buda sets about dining on the latter's viscera; only later that day do the initial symptoms---nausea, vomiting, torpor---become evident. By nightfall, the unique symptoms of buda possession begin. The victim no longer complains of nausea, and vomiting ceases; now oblivious of his surroundings, he alternates periods of vacant staring with violent frenzies, during which he attempts to tear off his clothes and seeks reunion with the roaming hyenas. If forcibly restrained, he grits his teeth edge-to-edge, rigidly holds his flexed limbs close to his body, and compresses fingers against palms, thumbs inward; to onlookers, he appears as a human hyena. At dawn, the victim's frenzy dissipates, and he lies abed, greatly fatigued by the nocturnal exertions and severly weakened by the buda's feasting. At nightfall, the frenetic drama is repeated, and, unless the buda is exorcised soon, the victim's death becomes certain.

*[192] Yisew ayn ("the person's eye") shares important similarities with buda powers. It is exercised involun-

*753
754 tarily, and, in the case of _yisew ayn_, this power is usually unknown to its possessor. The victim of _yisew ayn_ may have "good blood" or, more frequently, he may have been observed while eating or drinking (milk being the most commonly mentioned beverage). Like the _buda_, the bearer of _yisew ayn_ stares intensely at his victim, who subsequently develops symptoms of chronic fatigue, abdominal cramps, headache, and occasional vomiting. These similarities are attended by important contrasts: _Yisew ayn_ is congenitally acquired, and is not limited to any segment of the population. Its victims are sometimes people whose finery, rather than physical attractiveness, has drawn the _yisew ayn_'s interest. Although its pathogenic mode is only vaguely understood, there is [261] no agent introjection. Lastly, it is considerably less serious than _buda_ possession; there are no nocturnal seizures alternating with diurnal lassitude, and child victims often experience an eccentric syndrome---eating ashes, clay, and charcoal---for which there is no _buda_ possession analogy.

*753 Certain ailments result from contagion (_telalafiy_),
*[192] that is, the transmission of a disease substance (_bašiyta_) from a sickman to another human recipient, without need for a mediating agent. _Telalafiy_ is linked to dermatological symptoms (septacemia, hemorrhagic ulcer, scrofula, carbuncles, venereal chancre, shenkroid, gonorrhea,

*753 measles, and smallpox), whooping cough, and occasionally
[843] mumps. Pre-natal contagion, in which a homonculus receives
a paternal *bašiyta* or a fetus contracts a maternal
bašiyta via the blood nutriment, is responsible for childhood
syphilis and *ayni tila*. Rabies is the only example
of animal-human contagion, the *bašiyta* being carried by
the dog's saliva. Neither *likift* nor the causation of
jaundice through contact with bat urine are examples of
telalafiy, since in neither case is the disease agent itself
a victim of the ailment.

*753 The body's normal functioning is also disrupted by
825 deviations from acceptable limits of diet, physical activity,
827
*(192) and emotion. Digestive *wosfat*, for example, are
angered by insufficient food, or food which is stale (*injera*
bread), spoiled (soured *talla* beer), or improperly
prepared (*wot* stew lacking the customary cayenne). In
return, the *wosfat* rise up to bite the stomach itself,
causing pain, bloat, and diarrhea; if these conditions
persist, the *wosfat* will chew their way to the heart, pro-
*753 ducing great local pain, fever, and lassitude. Exces-
827 sive physical exertion is associated with local com-
[828] plaints: Extended walking may dislocate a *jimat* from its
assigned channel (sprain); prolonged weeping can cloud
the eye (trachoma and cataracts); extended and arduous
thinking produces confusion; much hard labor results in
arthritic and rheumatoid complaints. Intense emotions

*753 827 828 exercise the heart severely and, if prolonged, portend serious consequences. Deep sorrow, fear, and anger---particularly in response to personal insult---stoke the cardiac fires, whose heat radiates to the lungs where it produces coughing and difficulty in breathing, to the stomach whose aroused wosfat cause pain and vomiting, and to the blood whose smoldering darkens the complexion. Under these circumstances, the heart cannot function effectively for long; clear thinking becomes difficult and, as the heart dissipates its energies, the body trembles. If these effects continue unabated, cardiac deterioration leads to madness and, eventually, death.

*753 82 *[192] Two illnesses are explainable only epidemiologically: The hot, Sudanic borderlands are associated with malaria, and the damp, cold Semyen heights are linked to a "wind disease" (yinifas bašiyta), characterized by shortness of breath, chest pains, excessive saliva, fatigue, and joint pain.

*753 Lastly, the appearance of certain ailments is related to prodromal complaints: Epilepsy preceeds madness; poxes before blindness; catarrh leads to diptheria; syphilis results in blindness, rheumatism, miscarriage, chronic back pain, weak heart (chronic fatigue), and scrofula; measles brings deafness. Although it is frequently assumed that the prodromal essence (bašiyta)

*753 causes a secondary ailment by lacerating the victim's heart, equally often no specific pathogenic mechanism is specified for the prodrome.

TAXONOMY AND ETIOLOGY

*753 A "disease name", to use Frake's definition, is a
*192 minimal, meaningful answer to the question, "What is the
196 name of the illness?", in Amharic, "Bašiyta simmu min
(121) yibbaalaal?". If none of the linguistic components of a description of an illness can by itself describe that ailment (bašiyta), then the entire description is a disease name, and labels a single diagnositc category. Not all episodes of illness can be diagnosed by a single disease name, of course, since distinguishable ailments may co-occur, or one may be a prodrome of another (Frake 1961:126).

Disease names thus differ from designations of kinds of symptoms, although the names of certain symtpoms are also used to denote specific ailments. For example, "bird" refers to "chills", but "yibird bašiyta" (lit., "the chill disease") refers specifically to "malaria". The same is generally true regarding the use of the names of pathogenic agents. For example, the literal meaning of "yibariya bašiyta" is the "zanel's disease" ("bariya", meaning slave, is often used as a euphemism for "zanel");

*753
*192 196 in practice, it is used to denote only "epilepsy", one of the several ailments with which the _ganel_ is associated.

Each disease name has, as its diagnostic criteria, perceptible symptoms and a particular etiological context. Etiological information includes the agents, acts, environmental circumstances, substances, and physiological processes which explain the onset of the symptoms. Two disease names contrast if only one is said to diagnose correctly a particular set of symptoms in a specific etiological context. Two contrasting disease names can, then, refer to the same set of symptoms, if at the same time each denotes a different etiological context. For example, the ailments referred to as "_migaña_" and "_kureyña_", are characterized by a common set of symptoms (sustained, acute pain in the lower abdomen). The ailments are distinguished etiologically, however, according to different causal agents (non-_zar_ versus _zar_) and environmental circumstances.

Sometimes, more than one disease name is considered equally appropriate for the same set of symptoms in the same etiological context. Frake (1961:117) suggests that two explanations are possible for this. First, the disease names may be referential synonyms, and mutually inclusive. For example, they may be dialect variants or variants appropriate to different kinds of

*753
*192 discourse. Thus, leprosy is properly referred to as 196 "kontina". This term is rarely used by many women, however; to do so, they believe, exposes the speaker to leprosy in some unknown way. Instead, the ailment is referred to as "yimimat bašiyta" ("the disease that takes the skin off").

The second possibility is that the terms are located at different levels of a taxonomic hierarchy. Along the vertical dimension, the Amhara disease-name taxonomy employs only three successive levels of specificity. At the most general level, all human disease names are subsumed by the term "bašiyta". At the next level, ailments are divided into "serious" and "non-serious" varieties. Serious ("kobode": "weighty", or "hayleña": "powerful") diseases includes those which are potentially mortal, or severely and usually permanently debilitating, or grossly disfiguring. The third taxonomic level is that of greatest specificity, at which ninety-two disease names were recorded. A minor exception at this level is the use, by some informants, of the term "fantata" to subsume three, contrasting named poxes.

In terms of linguistic criteria, then, the Amhara disease-name taxonomy is relatively simple. When observed from a therapeutic perspective, however, an additional level of discrimination, based on etiological criteria, can be discerned.

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Amhara construct disease etiologies by selecting from five categories of information: The pathogenic agent (which may be purposive or non-purposive), the relationship between the pathogenic agent and the victim (which may be adventitious or deliberate), a variety of pathogenic acts, the pathogenic substance (which may be therapeutically homogeneous or heterogeneous), and the morbid physiological processes (which may be known or unknown).

1. "Pathogenic agent" refers to beings who, without the help of other agents, can cause physical ailments in human in human victims. Agents such as the zar, buda, sorcerer, and poisoner are 'purposive' when causing illness. That is to say, each is a self-conscious being, of human or near-human intellect, and each is conscious of his ability to cause ailments. Although purposive agents generally afflict victims of their own choosing, the sorcerer and ganel can also be persuaded ~~or~~ compelled by an interested human party to attack victims of the latter's choice. In contrast to these purposive agents, there are other agents, such as the bearer of the evil eye (yisew ayn) and likift-bringing creepers, that are unaware of their illness-causing powers.

2. The relationship between the pathogenic agent and the victim is "adventitious" when the agent, a buda for example, performs a pathogenic act compulsively and immediately after observing an aspect of the victim's

person or certain ofhis personal activities. The contrasting relationship is "deliberate". Here, the pathogenic act, such as sorcery, is a premeditated response to some inter-personal behavior of the victim or a member of his immediate family.

3. Pathogenic acts are divided into five etiologically significant classes. Most common of all are acts which introduce pathogens into the victim's body, either through ingestion of inanimate pathogens or the introjection of spirit aspects of pathogenic agents. Acts which distribute inanimate pathogens (such as likift water) onto the victim's person are also included in this category. A second class of pathogenic activities is composed of simple assaults by ganels (resulting in epilepsy or apoplexy), with which no pathogens are associated. Ensorcelling by means of sympathetic magic constitutes a third class. A fourth class includes acts whose performance is assumed, but whose precise character is unknown (for example, the sickness-causing activities of zars). Finally, there are commonplace activities which, if performed to excess, may lead to physical affliction.

4. A pathogenic substance is assumed to produce predictable and more or less uniform symptoms (so long as etiological circumstances are the same). Most pathogenic substances are also considered homogeneous regarding their susceptibility to therapeutic agents. For ex-

*753 ample, washing with likift water results in scabies (ikek); a therapy found effective in one case of likift-produced scabies should be effective in all other cases. Mers (poison) is a conspicuous exception, since it subsumes a variety of distinctive formulae, sharing symptomatic and etiological identities, but not therapeutic ones.

5. Once it is localized within an individual, a bašiyta progresses by mechanisms which are either known or unknowable. There are three known mechanisms: Consumption of viscera (for example, by the cannibal buda), irritation and corrosion (as with likift), and the disruption of homeostasis. No one of these is exclusive of the others, however. Consumption of viscera and organ irritation usually upset homeostasis, and the prolonged disruption of homeostasis, whatever its origins, has physically degenerative consequences, particularly for the heart. The physiological processes by which ganel-caused and zar-caused ailments progress are considered unknowable.

From this information, the Amhara derive the typology of unnamed etiologies outlined in Table 1, below.

Informants sometimes differ over the etiological details by which the appearance of a specific named ailment is explained. Not infrequently, even a single individual knows more than one acceptable etiology for an ailment. These conflicting explanations are generally

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TABLE 1

TYPES OF AMHARA ETIOLOGIES

AGENT	AGENT-VICTIM RELATIONSHIP	PATHOGENIC ACT	MORBID PROCESSES	EXAMPLE
A (absent)	(absent)	commonplace activity	known	setir
B non-purposive	adventitious	introjection or contact with a homogeneous inanimate pathogen	known	likift-caused ailments
C purposive	adventitious	introjection of an animate pathogen	known	yibuda basiyta
D purposive	deliberate	introjection of a heterogeneous inanimate pathogen	known	poison
E purposive	deliberate	either magical or unknown but assumed	unknown	sorcery

*753 limited to positing rival pathogenic agents which are consistent with a single type of etiology. For example, although informants differ as to whether scabies (*ikek*) is produced by *gerifta* or *likift*, there is agreement that the ailment is explained by an etiology of type 'B'.

*753 Such differences of opinion are generally of little
*756 consequence, for they have neither real therapeutic sig-
*759 nificance nor importance in non-medical contexts. Practitioners are chosen on their record of success (as well as their availability and cost), rather than according
*[192] to any 'theoretical' criteria. Thus a scabies sufferer may obtain the services of a *yimic medhaniyt korac* (lit., "medicament cutter for gerifta") even though he believes, in the abstract at least, that the ailment is produced by *likift*. Most herbalist-names signify only the ailment which the therapist treats (e.g., the *yianfula medhaniyt korac*, treats *anfula*), and the client may not know the specific etiological details to which the prac-
*753 titioner subscribes. There is, however, an exception to the one etiology-one disease name identification: Almost any ailment can be explained as the result of *ganel* or *zar* attentions (etiology of type E), particularly if it is serious, chronic, unyielding to treatment, or exhibits aberrant symptoms. Some ailments (e.g., apoplexy) are explained only by reference to this type of etiology.

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*757 From a medical point of view, etiologies exist to

*753
*755 provide information from which therapeutic strategies
*757 can be tailored. Amhara use four broad strategies, each linked to a specific etiological context.

752 The first of these therapeutic strategies seeks a remission of symptoms by returning the body's parts (generally the limbs and extremeties) to their appro-
*(192) priate positions. For example, excessive walking may dislocate *jimat* cords of the lower leg from their channels, producing painful lameness (*satir*, "sprain"). Blood flows into the empty channels, preventing the *jimat* from returning to their customary locations. Therapy begins with the removal, by cupping, of intrusive blood. An herbal bath is then applied locally to "soften" muscle and *jimat*, and the latter are then massaged into the now unoccupied channels. This strategy coincides with the afflictions characterized by etiology A, and includes broken bones and muscle paralysis as well.

*753 A second strategy calls for the excision of cer-
752 tain body parts. Excision is limited to diseased tonsils, uvula, and teeth; conditions which are explained by an etiology of type B. These ailments are most often caused by *gerifta* which has fallen onto the afflicted region. Unlike the situation with other *gerifta*-caused ailments, there is no other effective therapeutic strategy here, and a reasonably good post-operative prognosis can be assumed.

*753
*757 A third strategy is associated with etiologies B, C, and D. Remission of symptoms is obtained by removing the pathogenic substance from contact with the sickman's person. If a homogeneous and inanimate pathogenic substance has been ingested by the sickman (etiology B), the therapeutic strategy is to expel it physically through one or more of the sickman's body orifices. Most often, an emetic or purge is used, although inhalants and fumitories are also employed and diaphoretic
*[192] effects are sometimes sought. A few pathogenic substances, such as that associated with anfula (an influenza-like ailment), are removed with the blood, by cupping over the area of the body which the pathogen is known to favor. Where the pathogenic substance has been in contact with the sickman's skin rather than being internal, lustrations, poultices, ointments, and medical powders are applied.

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*755 Where the introjected pathogen is the self-conscious agent found in etiology C (i.e., the buda), the strategy remains essentially the same. However, the practitioner must, in dialogue with the disease agent, convince the buda to quit the sickman. To this end, the practitioner
752 uses a fumitory offensive to the introjected agent. Ailments of type D etiology (i.e., mers, poison) impose a special requirement on the therapist. There are numerous toxic formulae, and, although all produce similar symp-

752 tomatic effects, each is believed to be complemented by a unique antidote. Cure therefore demands that the poison be identified in order for the antidote to be obtained.

*753 *755 A fourth therapeutic strategy is directed against ailments of etiology E, where _ganel_ and _zar_ have caused ailments by unknown means. Here, a remission of symptoms is sought by convincing (a _zar_) or forcing (a _ganel_) to moderate or relinquish his influence over the sickman.

CHAPTER TWO

THE SECULAR HEALERS: HEALER AND SICKMAN

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*756 The Amhara use a set of twenty-one, non-redundant
*759 names to categorize traditional practitioners of disease
196 prophylaxis, diagnosis, and treatment. These names are
*(192) listed in table 2. The most general term employed is
"Habeša hakiym" ("Abyssinian healer"), and is used to
designate traditional curers as a class by distinguishing
them from practitioners working in Western techniques---
European physicians, Ethiopian health officers, and
local injectionists. The Habeša hakiyms can be sorted
into three mutually exclusive categories, each defined
analytically, according to shared professional titles.

Category 1. Physical manipulation of the sickman's
person is dominant, and the employment of materia medica
is either absent or subordinated to these physical manipulations.
These healing powers are compatible with the
first and second therapeutic strategies discussed in
*[192] Chapter One. Any therapist of this category, with the
exception of the awalaj (midwife), can be referred to as
[562] "wogeyša". The exclusion of the midwife is probably a
*[192] sexual one, since practitioners known as wogeyša are almost
invariably male, while the awalaj is always a woman.
Operationally, healers of the first category are distinguished
from one another by their different organ do-

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TABLE 2

AMHARA PRACTITIONER TITLES

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Practitioner Category	Practitioner Title		
	Balazar	Awakiy	Tonkway
	Debtera-Ganel Gelaa		
3	Debtera-Meshav Gelac (Tiniš Debtera)		
	Atmakiy		
	Medhaniyt Korad		Wogeyša[2]
	Yi_Medhaniyt Awakiy		
2	Yi_Med. Korac │ Yi_Med. Kābiy │ Yi_Kitab Kītabiy		
	Yi_Medhaniyt Ateci		
	Yi_Medhaniyt Seci		
	Tagañ	Wogeyša[1]	
	Ankar Korac		
1	Yiters Medhaniyt Awlakiy		
	Awalaj		
	Agamiy		
	Tokwariy		

*192

*756 mains---bone and jimat, teeth and jaws, tonsils and
*759 uvula, womb and associated organs.

*192
196 Category 2. Therapeutic success relies on the use of medicaments; practitioners of this category utilize the third therapeutic strategy. Although no single term properly distinguishes these therapists from other categories of practitioners, they are, as a class, described by a common set of professional titles. Each title consists of three terms. The first indicates the name of the ailment for which the practitioner owns a therapy. Unlike other categories of practitioners, professional titles among these therapists are specific for single named ailments, rather than for a range of ailments. The second term is always the word "medhaniyt" ("medicament"). The maker of therapeutic amulets is the single exception to this (e.g., yidemaketir kitab kitabiy, "amulet maker for post-partum bleeding"). The final term indicates the format and "completeness" of the herbal therapy practiced. Thus, the "yianfula medhaniyt awakiy" is the "medicine expert for the ailment known as anfula".

[776] Category 3. Therapeutic success derives from the practitioner's intimacy with spirit beings (ganel, zar, or saint of the Church) and his familiarity with magic (asmat); he relies upon the fourth therapeutic strategy.
*[793] The term "tonkway" is sometimes used to denote the most prominent practitioners of this category, the debtera-

*192

*756 and *balazar*-healers, but semantically that term tends
*759 to emphasize the practitioner's ability as a seer rather
*192 than as a therapist. Moreover, the *atmakiy* (annointer)
196 is never referred to as "*tonkway*", even though his powers are also derived from supernaturals. When, in conversation, it is necessary to distinguish this category of practitioner (including the *atmakiy*) from the "secular healer" (categories 1 and 2), the title '*wogeyša*' is extended to subsume all of the latter as a class.

Table three outlines the semantic distribution of Amhara practitioner titles.

*756 It is the intention of this chapter to describe
*759 curerers of the first and second categories, from the
[128] perspective of the technical requirements of their respective therapeutic strategies. The chapter also considers two additional healers, the cupper (*agamiy*) and the tattooist (*tokwariy*). Like the practitioners of the first and second categories, both are "secular" healers, since their therapeutic strategies and the sources of their curing powers clearly exclude them from the third practitioner category (i.e., healers with supernaturally
[196] derived powers). However, neither cupper nor tattooist fits neatly, semantically or therapeutically, into one of the secular categories, but will be shown to share characteristics of both.

TABLE 3

THE MEDICAL DOMAINS OF PRACTITIONERS

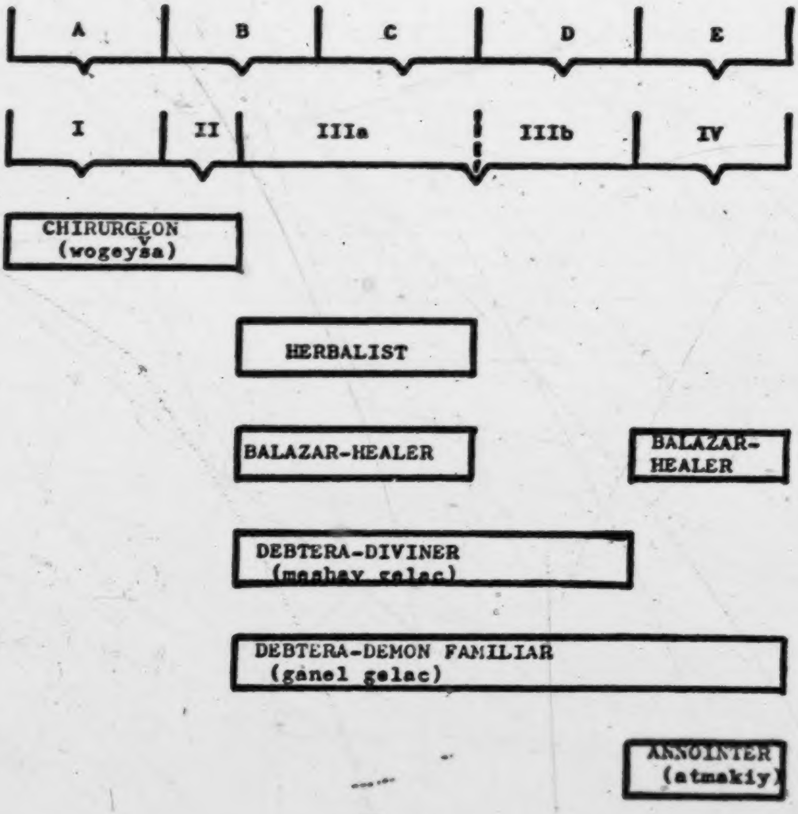
A
B
C
D
E
I
II
IIIa
IIIb
IV
CHIRURGEON (wogeyša)
HERBALIST
BALAZAR-HEALER
BALAZAR-HEALER
DEBTERA-DIVINER (mashay gelac)
DEBTERA-DEMON FAMILIAR (gànel gelac)
ANNOINTER (atmakiy)

TABLE 3 CONTINUED

75 Key to Table 3

ETIOLOGY TYPE (therapeutically significant feature)

A	inappropriate alignment of body parts
B	introjection or contact with inanimate pathogen
C	introjection of self-conscious pathogenic agent
D	introjection of heterogeneous inanimate pathogen
E	magical or demonical causation

THERAPEUTIC STRATEGY (characteristic activity)

I	physical manipulation of body parts
II	excision of affected organ
IIIa	expulsion or neutralization of the pathogenic substance
IIIb	identification and expulsion of the pathogenic substance
IV	persuade or compel the causal agent

THE WOGEYŠA (CHIRURGEON)

*757 *759 *192 Wogeyšas are divided into three named categories, the tagañ, the intil korac, and the yiters medhaniyt awakiy. Practitioners in each category diagnose a set of related ailments, perform therapeutic operations to remedy them, and administer prophylaxis to prevent the development of ailments to which the therapy makes the sickman vulnerable. Laymen have little difficulty in selecting an appropriate kind of wogeyša, since the ailments treated by each category of wogeyša are characterized by unambiguous syndromes which are easily identified by laymen. In addition, a wogeyša's range of medical competence is defined symptomatically; that is to say, his therapies are relevant to the entire range of etiological facts which can be associated with each syndrome he treats. This contrasts with herbalist therapies which are each tied to a specific pathogenic agent, so that often symptomatic information is of itself insufficient for determining whether the therapy of a particular category of herbalist is appropriate to the disease episode at hand. The following paragraphs describe the sequence of activities which characterize the professional activities of each category of wogeyša.

*759 752 For the layman, the symptoms of fracture (sebero) and therapeutically related ailments are distinctive

*759 752 enough to limit selection of a practitioner to the tagañ, bonesetter. Symptomatically, these ailments are experienced by the Amhara as 1) severe local pain and 2) the inability to move the affected areas (generally limbs, extremeties, and joints). As with other categories of wogeyša, the tagañ's range of competence, symptomatically defined, is clear cut from the layman's point of view. There are ailments not treatable by a tagañ, although characterized by one or the other of these symptoms. In these instances, however, the two symptoms do not appear in combination, but are accompanied by other symptoms which fall unequivocally beyond [192] the tagañ's competence. Kofa, for example, is an ailment not treated by the tagañ, although it is characterized by an inability to move the limbs. This syndrome includes, however, high fever and generalized pain, both beyond the tagañ's therapeutic powers. On his arrival at the sickman's, the tagañ conducts his own diagnosis, examining the affected area and looking for other relevant symptoms. His interest is not so much to confirm the generic character of the ailment, as to discover its specific nature (sometimes classifiable under a disease name with which laymen are unfamiliar), and to evaluate the complexities of the specific case. A fracture (sebero) always involves more than a broken

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752 bone, for jimat cords in the area of the break are in-
variably stretched and malaligned. It is the twisted
jimat, in fact, which prevent the sickman from moving
the affected area, and whose effects the tagañ knows
*[192] to be symptomatically dominant. Thus, the tagañ seeks
to learn whether a bone has actually been broken,
whether only jimat are involved (a condition known as
walemta), or whether an organ other than bone has dis-
torted the jimat (for example, intrusive blood in an
ailment known as setir).

The diagnosis and operation are conducted in the
sickman's hut, away from the sun, and are attended by
sufficient men---relatives and neighbors of the sickman,
and companions of the tagañ---to restrain the sickman
while the practitioner works over him. No anaesthetics
*[753] are used during any part of the treatment. Before his
*[192] diagnosis, the tagañ cleanses the affected area with
water, since dirt is associated with both gerifta-caused
effects and certain superficial infections, known as
kusil, that often follow contusions and other injuries to
*[278] the skin. After cleansing, the area is massaged with
an unguent, made of domestic oils or fat, into which
the leaves of medicaments have been minced and mixed.
This unguent softens muscle and jimat, allowing the
tagañ to palpate the region for his diagnosis.

Most tagañs reckon the diagnostic massage also

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752 capable of rendering bone and jimat supple enough to be manipulated into their appropriate positions. It is important that the bone be set precisely, for if improperly aligned it will stretch the jimat and cause them to twist once more, bringing a recurrence of the original symptoms.

[413] [177] If palpation or visual inspection indicate that the bone has splintered, an incision is made over the break and the splinters are removed with an instrument specially brought for this purpose. These instruments are of European manufacture and exotic by local standards, ranging from cosmetic tweezers to surgical forceps. After the bone has been set and the jimat moved into their proper relationships, a wooden splint is secured over the fracture and is tied with strips of toga cloth.

*[757] *[278] *[192] When an incision is made, an herbal poultice is placed over the cut and wrapped beneath the splint, as a precaution against subsequent infection (kusil). Every tagañ owns a recipe for an unguent, and the medicaments used in it are kept a professional secret. However, not all tagañs have recipes for kusil prophylaxis. Without the latter, a tagañ who wishes to treat compound fractures must obtain the services of an herbalist whose specialty is the treatment of kusil. Similarly the tagañ who is able ~~to~~ treat compound fractures

*759 762 without the assistance of another practitioner is himself identifiable as a kusil herbalist (yikusil medhaniyt awakiy), a non-wogeyša professional identity.

752 262 *[192] While the splint is worn, the sickman is directed to eat quantities of a restorative (atmit); for fracture, this consists of fatty meats, which are believed conducive to the mending of bones. After the splint has been removed, the affected region is regularly massaged with the unguent compound which had been used during diagnosis and therapy. The massage aims to restore normal flexibility to the affected body part. Some therapists continue the atmit regimen during this period and even beyond it.

*759 752 Alone among Amhara secular practitioners, the tagañ practices a therapy which immobilizes the sickman for an extended period. During recuperation, therapeutic massages must continue, and the instability of the sickman's jimat preclude his moving about. When a tagañ is famous for difficult therapies, such as breaking and resetting improperly set bones or treating paralyzed limbs, he attracts sickmen from great distances. [758] Since these sickmen cannot leave the tagañ until pronounced cured, they require access to local accomodations and the assistance of a relative or servant to prepare their meals and tend to other personal

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needs.[1]

* 759 The wogeyša's remaining therapies---excision of
*753 tonsils (ankar) and teeth---are characterized by simpler
752 diagnosis and treatment than are the tagañ's works.
[843] Swollen and inflamed tonsils (komahaw) may be caused by
*[192] gerifta; in infants, however, the condition may be congenital, brought on by the over-exertions of the child's mother during pregnancy. It is considered a potentially mortal affliction, since the sickman is unable to swallow and loses weight rapidly; eventually the organ bursts and death follows. Tonsils are excised with the assistance of a reed through which a loop of horse
[413] hair has been slipped. With this, the offending organ
[177] is held fast, and excised by whatever type of blade the therapist regards as most efficacious (e.g., a razor, imported 'Arab' knife, or fragment of glass).[2] Kusil

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[1] During 1966, the foremost tagañ of Begemder had the following sickmen living simultaneously in three huts which he had erected on his fields; 1) a woman from Woggera (see map 1), with a fractured clavicle, assisted by her daughter; 2) a four year old boy, with a shoulder injury, accompanied by both parents; 3) a woman with a broken fore-arm, from Belsea, assisted by a locally acquired servant; 4) a woman from Tigre, with an immobile right arm, assisted by a locally acquired servant.

[2] In the Gondar area, both tonsils and uvula are classified as 'ankar'. Elsewhere in Begemder, they are often distinguished as 'ankar' and 'intil'. Therapeutically, diseased tonsils and uvula are treated the same, and a wogeyša capable of treating one invariably treats the other.

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*759 is considered a potential, but not immediate danger
752 following excision. If an *ankar korac* ("tonsil cut-
*[278] ter") is also a *kusil* herbalist, he may smear a pro-
phylactic unguent over the face of the excision, but
*(192] prophylaxis is not generally given. Even when *kusil*
does occur (the syndrome known as *yiankar mokusil*),
it is expected to regress either without any treat-
ment, or by benefit of a commonly known herbal infu-
[855] sion. A young child is considered too small and
frail to endure this operation and the subsequent
period of increased vulnerability to *gerifta* and *kusil*.
*[278] In such cases, the child is given a palliative to drink;
in addition, a portion of the ingredients used in the
drink is prepared as an unguent, and rubbed onto the
affected area, against that time when the child will
be old enough to withstand the operation.

*[192] The dental *wogeyša* is known as a "*yiters medhaniyt
awlakiy*". As with other *wogeyša*-treated ailments, tooth-
ache can be traced to multiple causes, whose identifica-
tion is only marginally important to the practitioner.
Toothache is caused either by sun-borne *gerifta* or by
an intrusive worm whose presence is made apparent by
[413] the caries it bores out. The ultimate and most success-
[177] ful therapy of the *yiters medhaniyt awlakiy* is extrac-
*[278] tion, with the use of European dental pliers. Because
of the pain associated with this operation, laymen often

*759 use local applications of commonly known palliatives,
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752 until subsequent discomfort obliges them to consult a
*(192) tooth extractor.[3] In addition to simple toothache (*yiters himem*), *gerifta* may result in rheumatoid pain (*kurtimat*) in the cheek teeth and adjacent jaw, accompanied by swollen, itching gums. Although herbal poultices are available for this syndroms, only tooth ex-
*759 traction promises permanent relief. The *yiters medhaniyt*
752 *awlakiy* also treats the newly irrupted teeth of year-old
846 infants. The upper lateral incisors are believed to often cause infants severe pain, resulting in incessant
[413] crying, diarrhea and failure to suckle properly. To remedy this dangerous situation, the practitioner removes the offending teeth using an awl-like implement. In each of these dental operations, *kusil* is considered no real danger, and prophylaxis is not given.

*759 Toothache is perhaps the only ailment for which
752 *wogeyša* and herbalist (see below) both offer therapies.
*[278] The differences here are illuninating: The dental *wogeyša*'s therapy is only incidentally concerned with causes,

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[3] In the abstract, these palliatives (distilled spirits known as *arakiy* and ginger root) are only effective against the intrusive worm, but in reality they are used even when evidence of the worm agent (*til*), i.e., caries, are not apparent.

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752 and his therapeutic domain is defined symptomatically
*[278] to include all tooth ailments; the herbalist's therapy is limited to destroying the intrusive worm (by local application of the ember of a selected herbal) and removing it (with an herbal gargle).

*759 None of the three categories of wogeyšas (bonesetter,
*757 tonsil excisor, tooth extractor) is graded internally with regard to therapeutic differences, as is the case with herbalists. There is sufficient technical uniformity among wogeyšas of each category so that laymen cannot distinguish the therapeutic procedures of, say, one ankar korac against those of another.

To be sure, there are some technical differences among the practitioners of a single named specialty---in the composition of medicaments (e.g., unguents), the instruments which are used, and the numerological content of therapies---but the advantage which any of these give a practitioner is in itself never sufficient to explain his record of therapeutic success. It is rather a wogeyša's manual skills as a manipulator of errant body parts or as an excisor of diseased ones which is believed to set him apart from his less successful colleagues.

The wogeyša's numerological information indicates optimal amounts of therapy, neither too slight to produce a remission of symptoms, nor so excessive that a new un-
[752] desireable condition is caused the sickman. In tagañ

*757 *759 therapies, for example, some practitioners contend that [752] the single diagnostic massage for fracture is insufficient for setting a broken bone. They claim that a massage on each of three successive days is required; two days massage will not soften the bone enough for proper ailgnment, while four days massage may distort it. Similar numerological considerations in *tagañ* therapies relate to the manufacture of medicaments, the duration of the splinting period, the number of days during which *atmit* is consumed, and the number of repetitions required by the final massage. Because these numerological elements are considered inextricably bound, sometimes diffusely, to one or more other components of a therapy, they cannot be freely inserted into the therapies of other *tagañs*.

THE HERBALIST

75 The Amhara herbalist treats ailments caused by the ingestion or introjection of pathogenic substances into a victim, and by his superficial contact with such substances. In this section, ailments characterized by ingested or introjected pathogenic substances will be considered first. The assumptions made by Amhara herbal medicine are relatively simple here: In order to obtain a remission of the disease symptoms, the responsible

75 pathogen must be first identified and then expelled physically through one of the body's orifices. Most often, an emetic or purge is used to this end, although some therapies remove the pathogenic substance with diaphoretics, diuretics, or a combination of these medicines.

Amhara Pharmacology

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*759 Living within the region served by the Gondar market, an area of perhaps 50 km radius from the town, there are found a collection of herbalists who, as a body, own therapies for every ailment the Begemder Amhara regard as treatable by herbal medicine. Moreover, for any one of these ailments, there are several local herbalists, each claiming a distinctive herbal therapy for the sickness. (The distribution of herbalists is the subject of the following chapter, and presupposes an acquaintance with herbalist nomenclature, which is considered later in this
*757 chapter.) From a pharmacological point of view, the ef-
*278 fectiveness of any one herbal therapy is the produce of the following: 1) the strength of each active ingredient included in the "primary medicine" (medhaniyt); 2) techniques of gathering, processing, and administering the primary medicine. In the following paragraphs, each of these considerations is discussed in turn.

*278 Materia Medica. 1) Nearly all primary medicines

*278 call for specific parts of named botanicals---either
root, leaf, stem, shoot, fruit, flower, seed, whole,
*[692] rind or juice. Botanical parasites (*takiltila*), identified in recipes by the plant upon which they grow, are
also frequent ingredients. 2) Typically, recipes combine
these herbal ingredients with foods. Virtually every
generic foodstuff is represented in some recipe---water,
dairy products, eggs, alcoholic beverages, honey, citrus
juice, cereal grains, spices, oil seeds, and meat. Often,
recipes set special requirements for these ingredients.
For example, animal products (flesh, organs, milk, butter,
whey) may be required from animals and fowls whose sex
(male, female, castrated) and coloring are designated in
the recipe (a desired color, combination of colors, or
color scheme shared by mother and offspring). Similarly,
recipes sometimes prescribe beer or bread which are made
of grains not locally grown (wheat, barley, red tef, white
tef, millet). 3) Lastly, some recipes require the sickman to consume ingredients which the Amhara regards as
*278 bizarre or repulsive. Included here are exotic substances
262 such as battery carbon, gasoline, and rust; ingredients
which are ordinarily forbidden to Christians,[4] such as

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[4] Ethiopians, Copts, Muslims, Jews as well as Agaw pagans adhere to the injunctions of Leviticus regarding proscribed foods.

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262 pork, bat flesh, meat of wild birds, insects; and repulsive stuffs, such as cow or goat urine and donkey milk.

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222 Gathering, Processing, and Administering. The gathering of herbals for medicinal recipes assumes, first, accurate knowledge of their appearance and location. Many medicinals are exotics whose appearance and even whose names are unknown by most men; many of these must be searched out in distant and barely accessible corners of the highland plateau, others can be found only in the malarial lowlands. From the time an herbal is located until it is processed together with the remaining *materia medica*, it must be handled in a prescribed fashion. During gathering, while the herbal is being cut or pried from its natural surroundings, there is the danger that its latent curing powers will be lost. For leafy botanicals, particularly *takiltila*, precautions must be taken against diffusing these powers into the earth through some object simultaneously in contact with the botanical and the ground. Here, a weighted noose may be used. Many prescribed techniques of gathering are only loosely identified as precautionary, since the specific dangers each guards against are unknown. These techniques specify the equipment to be used, the quality of the gatherer, and circumstantial conditions. Thus, if a recipe requires that a branch be severed with a knife, it often adds that the instrument be unused, or made of a single piece of

*278 222 iron, or in the "Arab" style, or the product of Falasha
smiths, that it be double-edged, or have a handle of
horn or some exotic wood. Similarly, recipes requiring
roots may state that they be dug with a spade of specified
characteristics, or with a digging stick of special
wood. As for the gatherer, in some recipes, he is a virgin
[801] boy, in others naked or facing east. Circumstantially,
recipes established the day of the week on which the herbal
may be obtained, and numerological details, such as
the number of locations from which a particular herbal is
to be gathered, and the number of samples to be taken from
[788] each place. Finally, the gatherer may be required to recite,
and perhaps repeat, a designated common prayer before
cutting or digging the botanical.

*278 824 Once gathered, medicaments must be processed using the equipment and following the procedures specified by the recipe as being necessary for releasing the healing powers from their botanical confinement and for guarding them from dilution or loss. Botanicals may be required fresh or dried, crushed or ground or whole, soaked or decocted or simply mixed with other medicaments, strained through cloth or not further refined. Occasionally, recipes direct that medicaments be cooked with mead or distilled spirits, but it is the liquid (or tincture) which is discarded. In other recipes, botanicals, particularly leaves, require no processing other than being chewed or

*278 824 rubbed across the palm (releasing the juices to be licked up). Other herbals must be burned or boiled before becoming therapeutically active, in smoke or vapor.

*278 801 804 Both absolute and relative measurements are used. Among the former are mentioned handfuls, finger-joint lengths, and weights equivalent to a small egg. Relative measurements are most common during decocting. Required ratios suggest a numerological component here, reduction from seven volumes to one being the most frequently used ratio. Numerological elements appear elsewhere during processing, as when a recipe required, as a final step in processing, that the preparation be rolled into seven portions, or that the materia medica be steeped for seven days.

*278 415 Equipment used for processing medicaments is of common domestic origin, sometimes specified unused (e.g., pots for decocting, cloth for straining), sometimes worn (e.g., pitted mortars for grinding). Generally, the containers used cannot be allowed to rest directly upon the ground, but must sit upon stones, whose number and provenience (usually riverine) are likewise specified by the recipe.

*278 In addition to preparations consumed orally, herbalists provide fumitories, inhalents, instillations, gargles, lotions, poultices, and therapeutic amulets.

*278 *757 Herbal therapies further indicate the appropriate

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*757 time of day during which the sickman is expected to consume the medicaments (often on rising, or before going to bed), the relevant numerological details (e.g., the medicaments are to be eaten seven times daily for seven
*[192] days), and the manner of application. Therapies may establish that medicaments be consumed in a unitary form (e.g., eaten together with injera bread), in multiple forms (e.g., eaten with bread, drunk with talla beer, and washed with as with a lotion) and, if in multiple forms, whether applied at the same or different therapeutic sessions.[5]

758 Therapies also designate regimens to be followed once the pathogenic substance has been successfully removed
[833] from the sickman. Frequently, regimens for convalescence
*[192] following serious (kobode) ailments direct the recuperant to rest in some isolated place, away from any populated area, where he will be safe from the shadows of humans, particularly those fresh from coitus. Some regimens require him to sit in a darkened hut, others place him beside the hearth fire, while still others have him rest in

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[5] Only therapy for buda possession (see below), requires the application of different, discrete medical preparations at the same therapeutic sessions.

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751 the sunlight.[6] After the disease symptoms have disap-
758 peared, and the convalescent has regained his former vitality, some precautions may still be followed to prevent the return of the original syndrome, to which he
[262] may have developed a vulnerability. For example, the former sickman may be forbidden to eat one or more of the foodstuffs which were included among the materia
[778] medica of his cure. Often, an amulet containing dried materia medica of the primary medicine is also worn.

*278 Pharmacological Combinations. In the abstract, Amhara pharmacology can be considered as a corpus of discrete and varied instructions for a) conserving the latent healing power of botanicals, and b) converting this power into therapeutically effective agents. Seen from this perspective, Amhara pharmacolog y has the potential for a large number of logically possible combinations of instructions, ranging from those with few directions of any kind, to combinations with elaborate instructions in each pharmacological category. Although, empirically, Amhara herbal therapies probably fall short of the potential number of combinations, the combinations charac-

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[834] [6] Primary syphilis, in particular, sets elaborate requirements---the removal of all hair from the body, head, and face; in addition, there is a period of abstinence from coitus.

*278 terizing actual therapies range along the entire continuum of pharmacological elaboration. Moreover, the position of any real therapy (and its pharmacological combination) on this continuum tends to be fixed. That is to day, once a man has inherited (or, rarely, purchased) a specific therapy, he generally regards its instructions for gathering, processing and applying medicaments as not amenable to further elaboration. In order to understand this tendency, two questions must be addressed: What are the "grammatical rules" by which discrete pharmacological elements are associated within real therapies? and, What inhibits an herbalist from "elaborating" his pharmacologically simple therapies?

In the context of Amhara herbal medicine, three kinds of pharmacological associations can be usefully distinguished. There are, first, those associations which are conventional (that is, the link between specific instrudtions cannot be further explained), and for [415] which no alternative associations seem probable. For example, mortars, when elaborated in real therapies, are always worn and pitted; cloth through which medicaments are strained is invariably elaborated as unused; therapies stipulating either new mortars or used cloth, in contrast, appear to be lacking. A second category of associations can also be characterized as conventional, but here alternative associations are possible.

*278 415 Thus, prescriptions for gathering herbals with either a Falasha knife or an Arab one, one with a bone handle or another with a wooden handle, appear to be randomly incorporated within the pharmacological instructions of Amhara herbal therapies.

*278 *759 The distinction between these two categories of conventional associations, between links which allow no alternatives and those which do, is by no means obvious to Amhara herbalists. To appreciate this distinction, a man must be acquainted with a substantial number of therapies and observe these regularities, for they form no part of the conscious pharmacological "theory" of the herbalist. Because the Amhara herbalist rarely owns more than three or four therapies, and, of these, perhaps only one or two contain any significant pharmacological elaborations, he is unlikely to recognize regularities of association from his own store of therapies. Nor does he receive any gratuitous information from other herbalists. Information regarding medicaments and techniques for gathering, processing, and administering them is professional secret of the owner. It is zealously guarded from public exposure, out of fear that this would dilute the therapy's healing power (although no mechanism can be suggested by which this might occur), and demean the herbalist's professional status through his abrogation of proprietary rights without recompense. Although pharma-

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759 cological specifics are kept secret, herbalists are not always adverse to commenting in public on the type of specialized equipment or esoteric knowledge that they possess (that, for example, he obtains medicinal roots with a digging stick of a "certain" exotic wood). By these means, the categories of pharmacological elaboration enter into common knowledge, while the specifics are retained by their owners.

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801 There is a third and final category of associations, numerological ones. Certain numbers (particularly three and seven) appear in therapies with greater frequency than do others. But this again represents only a statistical abstraction, largely unappreciated by the herbalist because of his familiarity with a very limited number of therapies. Here as in the other categories of pharmacological associations, the symbolism expressed by specific links is obscure and, so, unavailable to the herbalist for generating new associations. Thus, the combination of riverine stones, the number three, pitted mortars, and specific medicaments within a single therapy can only be "conventionally" explained by the herbalist.

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754 The herbalist who would "elaborate" his therapy is confronted by more than technical obstacles, however. A secular healer who betrays a speculative interest in the regularities of Amhara pharmacology can only excite his fellows to compare him with the debtera, and inevitably

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754 to circulate accusations of occultism (*asmateña*), of daemonic aspirations, and eventually of sorcery.

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*757 A relationship between a therapy's pharmacological complexity and its therapeutic success is not always necessary. That is to say, therapies effective against serious ailments are generally assumed to be pharmacologically elaborate. However, some simple therapies, ones which cite only medicaments and the bare physical operations necessary for processing and applying them, are likewise entirely adequate for bringing about a remission in disease symptoms, although such therapies are limited *(192) to non-serious ailments. For example, a widely-known therapy for dwarf tapeworm infestation (*kowsol*) prescribes that the herbalist obtain a quantity of *enkowkow* seeds, a medicament readily and inexpensively purchaseable from a *medhaniyt korac* (professional medicament gatherer) of the market place. These seeds the herbalist grinds, mixes with water, and gives to the sickman. Once the medicine's purgative effect has ended, the infusion is drunk again, for a total of four applications. Although pharmacologically simple, it is considered a certain cure for *kowsol*.

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*759 In the end, the Amhara herbalist finds it inconvenient to consider any of his therapies as an amalgan of discrete manipulable elements. Instead, he considers pharmacological details to be diffusely integrated

*278 *757 *759 within the therapy, so that if any single element is deleted from a cure the effectiveness of the therapy cannot be predicted, and if any new detail is introduced to the cure its effect will be problematic and potentially counter-productive.

Herbalist Nomenclature

*278 *757 Potential clients cannot depend on a direct knowledge of a therapy's pharmacological complexity with which to evaluate the therapy. Such details are the secret of the therapy's owner and perhaps of a junior kinsman who is serving him as an apprentice. Instead, potential clients grade a therapy according to two sets of complementary observations. On the one hand, they consider its record of proven efficacy, and, on the other, they regard the following formal features of the therapy: 1) The strength of the therapy's "primary medicine", 2) the therapist's ability to control the potentially dangerous effects of this medicine, and 3) the "completeness" of the therapy. As the following paragraphs indicate, a potential client expects an effective therapy---particularly one directed against a serious ailment---to be relatively complete, and characterized by a strong primary medicine over which the therapist exercises adequate control. Where a therapy meets these criteria,

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*757 criteria which the potential client can *verify* for himself, the latter may further *assume* that the therapy is the product of a pharmacologically elaborate preparation.

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*(192) Medicines are divided into the primary medicine (*yibašiyta medhaniyt*) and the *memeleša*. Strong (*hayleña*) primary medicines are generally known by their violent effects, and this is particularly true of purges and emetics. In addition, strong medicines are usually characterized by pungent aromas and unpleasant tastes.

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*757 The Amhara herbalist recognizes that the physical condition of the patient he confronts is the product of the latter's age and the seriousness of his current affliction, and that these circumstances impose limits on how strenuous and prolonged a therapy the sickman can reasonably be expected to endure. Since treatment must be kept within these bounds, the practitioner is expected to stop the action of the primary medicine once the pathogen has been completely removed from the sickman's body, or after the sickman's condition allows no more purging and vomiting. In order to stop the action of this medicine, the sickman is gvien a counter-medicine, known as *memeleša*. The uncontrolled action of the primary medicine is sometimes compared with the effects of poison (*mera*), and, indeed, "*memeleša*" is also used as a gloss for "antidote".

In the absence of an appropriate *memeleša*, a strong

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*757 primary medicine is only potentially effective. Thus,
an herbalist lacking a memeleša for a strong primary
medicine can administer only relatively small quantities of the latter, for fear that its effects will
*[192] prove fatal. From the perspective of his potential
clients, however, the medicine will be perceived as minor or weak (tiniš). Weak medicines, medicines which do not produce violent effects, are generally associated with weak therapies, therapies with a poor record of permanent remissions. There are some effective herbal therapies practiced in the vicinity of Gondar which are not associated with violent primary medicines, but these are considered exceptional.

For each named ailment, there are a variety of rival primary medicines, each regarded as specific for that ailment. A memeleša is considered to be less specific; it may be appropriate for a number of primary medicines, and for more than a single ailment. No memeleša, however, possesses universal effectiveness.

A client's notion of a therapy's completeness is based on the therapist's demonstrated ability to process and administer (but not necessarily gather) his medica-
*278 ments. It is mainly on the basis of the observable
*759 completeness of a therapy that the herbalist-owner is
654 given a practitioner title by his potential clients.
That is not to say that completeness is, of itself, a

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*759 sufficient condition fro grading herbalists by title.
554 Rather, it is the observed coincidence, within real
therapies, of completeness together with a strong primary medicine and an effective *memeleša* that is relevant. This relationship will be made clear in the following paragraphs, which describe each named category of Amhara herbalist.

*[192] *Medhaniyt Seci and Medhaniyt Ateci.* An herbalist's professional title incorporates both the name of the ailment which he treats and the practitioner category (according to completeness of therapy) into which he fits (e.g., *yianfula* [disease name] *medhaniyt awakiy* [herbalist category]). The least of these categories is
*278 "*medhaniyt seci*". The medical activities of this prac-
*757 titioner are limited to gathering *materia medica* and presenting them to his client, together with information regarding the proper processing and administration of these ingredients. The processing required is invariably simple, involves no magical elements, often is vague about relative proportions, non-commital regarding dosages and may even lack details concerning the requisite number of repetitions. Generally, the therapist is not present during the administration of the medicaments. Before presenting the medicinals to his client, the herbalist alters the ingredients, by crumbling leaves or denuding sprigs, so that the client will be unable to

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*757 recognize them should he come across these botanicals
in the wild.

*759 Another practitioner, the *medhaniyt ateci*, pre-
*[192] sents his client with fully processed medicaments generally in the form of infusion, and provides information only regarding their administration. *Medhaniyt ateci* therapies are considered, as a class, more powerful than therapies practiced by the *medhaniyt seci*, by virtue of professional processing (particularly in the measurement of ingredients).

*278 *Medhaniyt Awakiy*. A third category of herbalist,
*757 the *medhaniyt awakiy* ("medicine expert") provides the
*759 most complete therapy, performing all relevant pharmaco-
*757 logical activities himself. This class of therapies is associated with strong medicines, serious ailments, and the performance of a professional diagnosis. Diagnosis, in the sense of evaluating symptoms prior to the administration of therapy, takes place in the sickman's homestead, among kinfolk and neighbors, and before a therapist is consulted. The "completeness" of the latter's therapy determines whether there will be any further diagnosis. If he practices a complete therapy, the herbalist will perform a diagnosis after the primary medicine has been administered and its effect felt. Here, the therapist carefully examines the sickman's evacuae (feces and vomit), in order to assess the medicine's re-

*757 levance to the sickman's ailment and, if appropriate, its effectiveness in expelling the pathogenic substance. In the evacuae, the therapist looks for evidence of the pathogenic substance itself (now rendered into amorphous pieces), worms (tils) which the pathogen may have produces, and the wastes of internal organs ravaged by the pathogen. In this diagnosis, the therapist applies criteria of color (white, green, black, and blood-red) and consistency (liquid, viscous, solid). The expected combinations and the putative significance of each are known only to the therapist, and expected combinations have no obvious symbolic relevance beyond the specific therapeutic context.

*278 *759 From a stridtly therapeutic point of view, a man's right to the title of "medhaniyt awakiy" is tied to the demonstrated ability of his therapy to bring about frequent remissions in the relevant symptoms. Because herbal therapies are considered specific for causal agents rather than for syndromes, because the syndromes which are treatable by herbalists can generally be caused by any one of two or more different agents, and because certain of these agents (notably the ganel, zar, and sorcerer) are invulnerable to herbalist therapies, herbalists---even of the expert category---are not expected to be able to cure all episodes of a particualr syndrome.

There are two further indices of an herbalist's

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*759 professional standing. First, public confirmation of an herbalist's professional claims is indicated by the distance from which his clients come, and, related to this, the professional title by which he is known in neighboring hamlets and parishes. Most herbalists are, in fact, either professionally unknown beyond their home parishes, or are assigned less prestigious professional titles by stmngers than by kinfolk and neighbors at home. Seccondly, the *medhaniyt awakiy*'s professional standing is communicated by the size of the fee which he demands and recieves for a successful cure. Client and herbalist agree to fees before therapy begins; the agreement is generally tacit, since the client is aware beforehand of the healer's customary charges. The size of the fee is determined by the seriousness of the ailment (discussed in chapter one), the ailment's reputed resistance to cure and the herbalist's professional standing. In the abstract, the herbalist is not paid for his time, but in recognition of the healing powers and professional knowledge that he has exercised on behalf of his client.

Often, an herbalist who is known by his therapeutic performances as a *medhaniyt seci* or *medhaniyt ateci* lays claim to the title of *medhaniyt awakiy*. He bases his claim on the grounds that it is the tedious and time consuming requirements of processing and administering his medicines that dissuade him from practicing a more com-

*278 *759 plete therapy. Sometimes the herbalist cites in addition the fees which he recives, as recognition of these "expert" abilities, and even of his client's satisfaction with the therapy. In practice, a nominal fee is almost always paid, whatever the therapy's success. The *medhaniyt seci* receives a token fee of perhaps E$.50 to E$1., and probably no more than three to five times that amount for a successful cure. Although the *medhaniyt awakiy*'s token fee is no larger, he can expect five to ten times that amount for a successful cure. Actually, the *medhaniyt seci* and the *medhaniyt ateci* almost always offer weak primary medicines for serious ailments; when they do provide a strong medicine, it is generally for a non-serious ailment.

Beyond this, there is little non-medical behavior to set off one secular healer from another. The social identity of the secular healer is defined dyadically. The dyad includes only healer and client, and is generally contingent, lasting for the duration of the medical activities. Further, the recruitment of secular healers
[576] entails no other significant social identity. Behavior
*(192) between healer and client is commonplace but correct, generally without signs of special deference but with full measure of the elaborate greetings normatively given to men of respectability, indistinguishable from those exchanged between land-owning peasants (*risteñas*). Spe-

*278 cial deference, perhaps the consequence of a *medhaniyt*
*759 *awakiy*'s magnaminity in freely reducing his fee for a
576 particular client, rarely extends to even addressing
the healer by the mildly honorific title of "*gita*" in
greeting.

*278 *Medhaniyt* *Korac*. Herbalists usually perform all
*757 activities associated with their therapies, except when
*759 processing and administration are delegated to their
clients. This is not invariably the case, however.
*[192] There are a number of medicaments which are either used
in widely-owned recipes for non-serious ailments (such
as the *enkowkow* seeds used against tapeworm), or appear
as common ingredients in a wide range of recipes. Frqquently, an herbalist can more conveniently obtain such
medicaments from a professional medicine gatherer (the
medhaniyt *korac*) than he can gather and store them himself. Sometimes, an herbalist utilizes the *medhaniyt*
korac's services because his therapy identifies a con-
*[192] stituent medicament only by its generic name; as a consequence of this, the herbalist does not know the names
of the medicament's constituent botanicals (for example,
the medicament known as *sebat* *kelems*, the "seven colors").
Similarly, the herbalist may be unfamiliar with the provenience or appearance of botanicals called for in his
therapy. Strictly speaking, the *medhaniyt* *korac* offers
no therapeutic assistance beyond providing medicaments.

*278
*759 Occasionally, an herbalist, particularly a medhaniyt
874 awakiy, will utilize an apprentice as his medhaniyt
[593] korac. This is usually a close kinsman, a son or nephew,
[604] who has been taken to gather medicinals on previous occasions,
and is thus familiar with their appearance and location.
[222] As an apprentice, he relieves the herbalist of
the burden of gathering botanicals, which often involves
trips to the hot and malarial lowlands. At the same time,
the apprentice gradually becomes acquainted with various
pharmacological details of the therapy.

*278 No terminological distinction is made between herbalists
*759 who rely on a medhaniyt korac and those who do
not. The client, in fact, is usually unaware of the
situation in specific cases.

*278 Classed together with other herbalists is the maker
*759 of herbal amulets, the kitab kitabiy. In most cases, the
778 herbal amulet (kitab) is part of a complex therapy which
*[192] includes, as a final step, the presentation to the sickman
of a leather pouch containing a sample of all or some
of the ingredients of the primary medicine. The amulet
is worn around the neck, on the girdle, or fastened beneath
an armpit. In this context, the amulet performs
a prophylactic function, for it protects the now vulnerable
client against a recurrence of the ailment. Certain
of these therapists also provide these prophylactic
amulets to clients who have never ahd the ailment in

*278
*759 question. Finally, herbal amulets are used in at least
778 one context, to end excessive post-partuitive hemhorrhaging
[846] (*dem iketir*), as the sole therapy. In the abstract,
*[192] at least, a *yidemiketir kitabiy* whose therapy had proven
efficacious could also be referred to as a *yidemiketir medhaniyt awakiy*.

*278 Herbalists are also grouped by means of a second
*759 series of descriptive nomers. These names ostensibly distinguish herbalists according to the botanical ingredients of their primary medicines. Thus, the *ise korac* is a "green stem cutter", and the *medhaniyt* (or *sir*) *kofariy* is a "medicine (or root) digger". The final label is *yi* (disease name) *medhaniyt korac*, "the medicine cutter for the (designated) ailment", and refers to herbalists whose recipes incorporate a variety of medicaments, including non-botanical ingredients. Any one of these three types of herbalists may also be described as either a *medhaniyt seci* or *medhaniyt ateci*, according to criteria already discussed. Only the *yi* (disease name) *medhaniyt korac*, however, can---if he practices an appropriate therapy---be referred to as a *medhaniyt awakiy*. The practice of *medhaniyt* (or *sir*) *kowfariy* and *ise korac* therapies, is characterized by weak medicines; strong primary medicines, when used, are directed against non-serious ailments for which effective therapies are relatively common. In both cases, the

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*759 herbalist's medicine is often composed of a single ingredient, requiring only the simple processing.

When an herbalist's proven ability to cure a serious ailment has spread beyond the bounds of his parish, he becomes identified exclusively as a medhaniyt awakiy, and yi (disease name) medhaniyt korac is no longer regarded as an appropriate frame of reference.

In general, the classifications discussed above are equally applicable to herbalists who treat ailments
*[192] characterized by superficial stigmata. There is an additional term, medhaniyt kabiy ("medicine painter"), to describe the herbalist who applies his unguent or lotion to the sickman and evaluates its effects. Since the therapy practiced by the medhaniyt kabiy invariably includes processing and administering, the term can never be used interchangeably with "medhaniyt seci" or "medhaniyt ateci"; it may be used, however, as a more precise designation in place of other herbalist titles. The medhaniyt kabiy's therapy does not include a memeleša, and its strength is judged only by the therapy's ability to bring about a remission in the sickman's symptoms.

The formulae on page sixty-six summarize the preceding discussion.

TABLE 4

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THE MEANING OF AMHARA HERBALIST TITLES

1. Explanation of the notations used:

Gathering

G1: leafy ingredient(s) only

G2: root ingredient(s) only

G3: complex of ingredients

Processing

P1: processed by therapist

P2: processed by client

Administering

A1: therapist paints lotion

A2: therapist provides amulet

A3: therapist provides therapy other than lotion or amulet

A4: client administers therapy

Diagnosis

D: diagnosis integral to therapy (in addition to domestic diagnosis prior to therapy)

Professional reputation

R: therapist is professionally known beyond his home parish

TABLE 4 CONTINUED

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2. Herbalist titles:

Ise Korac
(G1)

Sir Kofariy
(G2)

Yi (disease name) Medhaniyt Korac
(G3)

Medhaniyt Seci
(G1 or G2 or G3) and (P2)

Medhaniyt Ateci
(G1 or G2 or G3) and (P1) and (A4)

Medhaniyt Kabiy
(G3) and (P1) and (A1)

Kitab Kitabiy
(G3) and (P1) and (A2)

Medhaniyt Awakiy
(G3) and (P1) and (A1 and/or A2 and/or A3) and (D) and (R)

Non-Professional Therapies

*757 In addition to therapies which are practiced by professional herbalists, a variety of "household therapies" are also used. These are common knowledge and never owned, and people performing them are not given practitioner titles simply by virtue of these activities. Amhara household therapies are either substitutes or supplements for professionally administered therapies, and are either directed against several ailments or are *[192] unique for a single ailment. In contrast, only _yibuda bašiyta_ among professional herbalist therapies involves a therapy applicable to a single ailment.

Cauterization is the most common household therapy, and is used an an inexpensive alternative to professional services, mainly against chronic and non-acute ailments. *[192] In particular, it is applied against rheumatoid complaints (_kurtimat_), localized pain (_wuwgat_), and swollen *278 tender lymph nodes (_ferentit_). A variety of cauteries *757 are used; metal implements such as umbrella staves are popular, but the roots and branches of medicinal plants are also used. Although many of these botanical cauteries are commonly known and easily available, there are some which must be obtained from a professional medicine collector (_medhaniyt_ _korac_). Cauterization generally involves burning the affected area three times

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*[278]

during a single session, and is performed by either the sickman himself or a local kinsman.

Unlike cauterization, other substitute therapies are unique for a particular ailment. For example, swollen lymph nodes are reduced by wrapping them with a heated cloth which has been used to clean and carry the flat pan in which injera bread is baked. Although the rising of the injera and the swelling of the lymph node may suggest to the observer a certain symbolic association between the two, it is not one which the Amhara consciously appreciates. In most cases, these household therapies amount to rote performances, in which the relationship between therapeutic behavior, materia medica, symptoms, and etiologies, cannot be articulated beyond an immediate, pragmatic context.

Serious ailments generally require professional cures. When such an ailment is linked to a purposive agent, however, a home therapy may be utilized simultaneously. Here, the common strategy is to draw the causal agent away from the sickman; techniques of execution are varied, however. In the most commonly applied of such therapies, a chicken is selected for its color, a simple recitation is made over it with the intention of propitiating the causal agent with the life of the bird, the chicken

*757 is then slain and thrown along the roadside or trail.[7] Chapter one describes an analogous therapy for ankalis (measles), involving the preparation of foodstuffs. *759 Such offerings are more conspicuously a part of thera- *793 pies performed by balazar-healers or directed by debtera-healers, since these therapists are able to determine the particular offering regarded as most desireable by the causal agent.

*757 Finally, two household techniques, supplementary to professional therapies, are each limited to a single disease agent, which is responsible for a single named ailment. In the first, an attempt is made to frighten away the introjected agent by exposing it to a substance [752] that it abhors. Here, the sickman has been bitten or *[192] slavored upon by a rabid dog (matfow wuwša). He must submerge himself in running water, lest he be later overwhelmed by this hydrophobic dog-like agent now within *[192] him. The second household technique attempts to eject the introjected agent for jaundice (yililiyt bašiyta) by verbal means. Here, the sickman must, unawares, incorporate (i.e., eat) the physical aspect of the causal agent (a bat), and then expel its incorporeal aspect

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[7] If the swollen nodes co-occur with other symptoms, such as superficial infection (kusil), professional therapy is simultaneously obtained for the latter ailment.

*757 by spontaneously shouting out the agent's name ("*yi-*
*[192] *liliyt* *waf*").

Narratives describing supplementary household therapies are included in Appendix A.

OTHER LAY THERAPISTS

*759 *The Midwife*. The midwife (*awalaj*) is always a woman,
since it is forbidden for a man to look on, let alone
*759 handle, a woman's genitals. Towards the end of the
843 eighth month of pregnancy, counted from the cessation
of menses, the parturient woman consults a midwife. The
awalaj examines the abdomen from the perspective of size
and shape, and listens to the abdomenal wall for sounds
of life and other signs of fetal movement.[8] During the
latter half of the ninth month, the midwife reckons the
position of the fetus, and if this is found inappropriate
she reaches into the vagina and attempts to manipulate
the fetus into a desireable attitude. The session concludes with directions that the expectant mother must
844 henceforth sleep only on her back. Once labor pains begin, the midwife is called. With the assistance of the

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[8] Failure to perceive signs of fetal life suggests the possibility of a *zar*-caused ailment.

844 woman's kinswomen who hold her down, the midwife repeatedly massages the woman's abdomen until the baby has emerged. The umbilical cord is knotted close to the baby and again near the mother, and then severed in the middle. The midwife then squeezes the woman's abdomen to eject the afterbirth, inserts her hand up the vagina to extract any remaining portion, and then passes the organ to an assistant who takes it outside
846 for burial. The midwife then turns to the infant, wahses it and carefully "shapes" its eyes, nose, and head into desireable conformations. Finally, the mother's body is washed.

*759
844 The midwife's therapy is conspicuously lacking in the secret and magical elements characteristic of herbalist therapies. It is, in addition, the only Amhara medical specialty which can be acquired without formal tuteledge, by observing and assisting established midwives in delivering infants.

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[821] Pregnancy and childbirth are considered dangerous experiences. Gerifta is a special threat: Nakedness under the sun may cause the fetus to turn in the womb and threaten breach birth, and urinating in the sun can
[845] induce premature labor. Childbirth is sometimes the setting for divine punishment by means of breach birth.
[776] The pregnant woman is also a favorite victim of ganels, typically, she experiences great hemorhhaging, severe

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844 [776] pain, loss of her senses, inability to move her limbs
*759 in an often fatal ailment known as *sarakian*. The mid-
*793 wife is powerless in these contingencies; instead, it
846 is the herbalist or *debtera* who must be consulted. Thus,
[278] the *sinj medhaniyt awakiy* provides an infusion which the
*[778] post-partuitive mother drinks to eject a recalcitrant
[192] afterbirth (*sinj*), and the *yidemaketir kitabiy* provides
an herbal amulet to be tied around the waist of the female suffering from post-partum hemorrhaging (*demaketir*).

*755 *The cupper*. The cupper (*agamiy*) assumes either of
*756 two therapeutic strategies, depending upon the ailment
*757 he is treating. Like the herbalist, he may attempt to
*754 draw the pathogenic substance out from the sickman's
*[192] body. For severe headache (*ras mitat*: literally, head-*gerifta*), he shaves a circle of one inch diameter on the sickman's occiput, makes a single incision with a razor or other favored knife, places his cup of horn over the incision, sucks out a required number of hornfulls (usually three) of blood, and pours the blood into a
*[192] waiting basin of water. The extruded blood is then examined for clotting (*tikur waha*: dark water) which is regarded as evidence that the pathogenic substance is being removed. Later that day, the *agamiy* returns to repeat his therapy. The occiput is chosen for bleeding because of its proximity to the body's blood reservoir (*yidem sir*), located at the nape.

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*756 This procedure, of three horn-fulls twice a day,
*757 is known as gomac, and is characteristic of all of the
*759 agamiy's cuppings. Cupping is also performed for anfula,
*[192] an influenza-like syndrome. Here, the pathogenic sub-
stance (bašiyta) is a moving target which must be followed
over the sickman's trunk. Cupping begins over that side
of the chest experiencing the greatest discomfort. The
bašiyta typically flees from the agamiy's horn to the
other half of the chest; the sickman tracing its movement
with his finger until the agamiy sees the impression of
the bašiyta, and recommences sucking. The bašiyta's final
flight always takes it over the sickman's upper back,
where the agamiy cups for a third and final time. No
incisions are made for anfula, and here the extruded
blood is examined for evidence of white substances (being
[752] the bašiyta), in addition to coagulated material. The
cupper also treats snake bite, chronic pain (wuwgat),
and tender swelling of the leg (igoribac).

*765 The agamiy's second therapeutic strategy is used
*756 while assisting the chirurgeon in drawing out intrusive
*757 blood responsible for distorting jimat cords (an ailment
*759 752 known as setir). Here, the chirurgeon selects the loca-
*[192] tion for the incision; the gomac procedure is followed,
and the extruded fluid is examined for evidence of the
hardened intrusive blood (tikur waha), whose removal is
necessary before the jimat can be properly aligned

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*759 through the chirurgeon's massage.
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758 Bleeding is regarded as a fatiguing experience for
*[192] the client, and must be followed by a rest of two or
three days. Bleeding for ras mitat is considered an
exception, and no rest is required. However, the sick-
man is particularly vulnerable to gerifta during recu-
peration and, so, cannot leave his hut for fear of a
relapse.

*755 The cupper is unique among lay practitioners in
*756 several respects. First, he occasionally works under
*757 the direction of another category of practitioner, the
*759 tagan (wogeyša). Second, there are special physical re-
[826] quirements; the agamiy must have all of his incisors,
and the upper and lower teeth must meet in an unbroken
plane. Third, the agamiy exposes himself to certain dan-
gers in the performance of this therapy. Because he must
remove a pathogenic substance through the medium of the
sickman's blood, there is the danger that, should any of
the blood enter his own mouth, the agamiy may himself
*[192] fall ill with the ailment he is treating. In addition,
contact with this blood threatens those chronic ailments
from which the sickman suffers (such as the rheumatoid
pains associated with kitin, syphilis).

The agamiy's cup is a short, hollow bovine horn,
[824] whose tip has been removed. Selected leaves, which have
been dried and then steeped to make them pliable, are

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*756 wrapped tightly around the narrow end of the horn. The
*757 leaves are rolled to form an air tight funnel ending an
*769 inch or so beyond the end of the horn. Through this
herbal funnel, the *agamiy* sucks blood up into the horn,
seals the vacuum by gripping the funnel between his incisors,
and, with his lips upon the leaves, senses when
the blood has risen beyond the tip of the horn. As with
the midwife, the *agamiy*'s therapy is founded on his physical
skills and is devoid of professional secrets and
[602] magical elements. Unlike the midwife, however, the
agamiy learns his trade through an intimate apprenticeship
with a cupper-kinsman.

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*759 *The Tattooer*. The tattooer (*tokwariy*) is generally
304 a woman who performs both prophylactic and therapeutic
[562] tattoos, and although she also performs purely decorative
works, aesthetic considerations are usually compounded
with medical ones. The *tokwariy* uses either ink
or a paste of carbon mixed with domestic oil; into this,
the tattooer mixes whatever ground medicinals she considers
appropriate to the ailment against which she is
working. The tattooer rarely collects the medicaments
*[278] herself. The *tokwariy* utilizes the services of a full-time
medhaniyt korac (medicine gatherer) of the market
place, for medicaments used in a wide variety of recipes
(such as the *sebat kelems*, the "seven colors", used by
the tattooer for *ayni tila* and *yibuda bašiyta*). She pur-

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*762 chases more exotic ingredients from an herbalist (in this
304 transaction, acting as medhaniyt korac) who is known to
treat the relevant ailment. Medicaments are mixed with
the tokwariy's ink for all instances of therapeutic
*755 tattooing. The decision to include medicaments in prophy-
*757 lactic tattooing reflects the tokwariy's alternative stra-
304 tegies. In the first of these, the tattooing aims to
drive away the pathogenic agent, by a combination of de-
*[278] signs. These designs are associated with the pathogen
in "conventional" or pragmatic terms only; the medicaments used in tattooing are derived from herbalist therapies in which the medicament assisted in expelling the pathogen from the sickman. The second strategy is directed against purposive agents, those responsible for yisow ayn and yibuda bašiyta (discussed in chapter one). Here no medicaments are used, and the designs aim to distract the agent's attention and his disease-causing eye from vulnerable areas of the potential victim's body, particu-
304 larly away from his mouth. Children under ten are
302 rarely tattooed, but are protected from these agents by
751 bizarre haircuts (for example, three asymmetrically ar-
856 ranged patches of hair on an otherwise shaven skull, or
a single patch on the brow), likewise intended to draw attention to less vulnerable body areas.

304 A variety of motifs are utilized by the tokwariy,
necklaces of "beads", geometric decorations, crosses, and

304 the names of saints. The client generally selects designs
within the range appropriate to his needs, and
women favor aesthetically attractive patterns. Only the
gums are undecorated with designs, but are completely
blackened; even here, however, the tattooing is regarded
[551] as aesthetically pleasing. Men sometimes have their
[608] godfather's names as well as their own (which incorporates
[764] the patronym) tattooed on their wrists, so that
should they die in some foreign place, the local priests
will regognize them as Christians and give them a proper
burial.

Table 5 outlines the tokwariy's practice.

TABLE 5

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THE TOKWARIY'S PRACTICE

Area Tattooed	Function		
	Prophylactic	Therapeutic	Decorative
forehead (female only)			exclusive
gums	e,f	f	present
throat (female only)	a		present
breasts (female only)			exclusive
upper arm (male only)	g	g	present
forearm	b,c*,d*	b	present
back of hand	b,c*,d*	b	present
shin to ankle (female only)	b,c*,d*	b	present

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TABLE 5 CONTINUED

Key

a: Inkert: goiter

b: Kurtimat: rheumatoid pain

c: Yisow Ayn: an ailment characterized by lassitude, nausea, headache, vomiting, bloody stools; in young children, the syndrome includes the eating of ashes, mud, and charcoal.

d: Yibuda Bašiyta: buda possession

e: Yiters Himem: toothache

f: Yiters Kurtimat: chronic pain in teeth and adjacent jaw

g: Ayni Tila: an ailment characterized by irresolution in the presence of others; the sickman experiences impotency, an inability to reply coherently to questions, forgetfulness, and "free-floating" anxiety.

*: Medicaments are not mixed with ink.

CHAPTER THREE

THE SECULAR HEALERS: HEALER AND CLIENT

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128 This chapter describes 1) the kinds of decisions which a client must make when choosing a secular practitioner to treat a specific disease episode, and 2) the kinds of information which are required by the client in order to make such decisions. The chapter is divided *[278] into two sections. In the first of these, non-herbalists (who are selected simply, by matching practitioner with ailment) are contrasted with herbalists (whose selection takes cognizance of differences in practitioner grades, as well as in ailment domains). The selection of herbalists is examined through the use of two formal descriptions. The first is an ideal description, and incorporates all selections that are rationally possible for any episode. This is then compared with a description which incorporates all empirically observed incidents involving the selection of herbalists. The section concludes with the description of a type of disease episode in which the sickman ultimately enters a medically self-sufficient healing coterie.

The remainder of this chapter provides empirical data which quantify and otherwise annotate the analysis which precedes them. The second section describes the distribution of secular healers in a sample of rural

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*759 hamlets and town wards. The healers are considered in
128 terms of 1) their disease-name specialties, 2) their professional grades, and 3) the geographical limits of their professional reputations. In order to place these practitioners in their social and professional milieux, this section begins with a description of relevant social and demographic characteristics of the parish and its hamlets, and of the varieties of urban wards found in the Begemder highlands.

SELECTING A SECULAR PRACTITIONER

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*759 It is clear from the preceding chapter that 1) herbalists are distinguished from other secular healers by a distinctive classificatory system, and 2) this distinction can be functionally related to certain features of the healers' respective practices. Foremost among these features is the relative uniformity of healing powers of practitioners. While there is substantial uniformity within each named category of chirurgeon,[9] the herbalists working within any single disease-name specialty are arrayed along a wide range of powers and thera-

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[9] For convenience, "chirurgeon" is used here to describe all secular practitioners who are not herbalists.

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*759 peutic effectiveness. The uniformity of the chirurgeons' healing powers can be traced to the fact that their operations are relatively simple and easily learned. [602] A man begins his apprenticeship while still a youth, under the tutledge of a senior kinsman. Generally, he does not assume professional status until his mentor has died or retired, or until he has moved beyond the natal parish and out of the range of possible competition with his healer-kinsman. In either event, the apprenticeship is lengthy enough to ensure technical mastery, within the limits set by the healer's natural abilities. [752] The tagañ (bonesetter) is an exception, since his operations are by no means simple, and his natural skills more significantly affect his success as a therapist. Thus, there are more considerable differences in healing powers among tagañs than among other chirurgeons.

Second among these differences setting chirurgeon apart from herbalist are the criteria which healers each employ to decide whether a specific disease episode is appropriate to his therapy. The medical domain of a chirurgeon can be defined exclusively according to symptomatic criteria, grouped into unambiguous syndromes. *278 *757 *759 Therapeutic failure can usually be explained only in terms of the chirurgeon's lack of competence. For the herbalist, symptomatic criteria, by themselves, are ambiguous. The symptomatic definition of each herbalist

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*757 disease-name specialty is distinctive enough to pre-
*759 clude confusing it with any other. Symptomatic criteria are, then, sufficient for comparing herbal specialties with one another, for deciding which ones are inappropriate for a particular disease episode, and which single specialty coincides symptomatically with the episode.
*[793] However, symptomatic criteria are not sufficient for deciding between an herbalist therapy and relevant therapies of category three healers; that is, for deciding whether an episode which is possibly appropriate to the therapy of an herbalist specialty is in fact treatable only by a debtera- or balazar-healer. For it is the etiology, in particular the causal agent, which is most relevant here, and this question of etiology can be resolved only through testing. Until the herbalist's therapy is completed and its effect known, both the herbalist and his client can only assume that the episode's etiology is appropriate to herbalist therapy. An herbal therapy which brings a successful remission of symptoms confirms the etiological assumption. An herbal therapy which fails to cure leaves the situation ambiguous: Either the original diagnosis (i.e., the etiological assumption) is incorrect and the ailment is not relevant to herbal therapy, or the diagnosis is correct but this herbalist's therapy is inadequate to this episode.

Diagnosis, then, is inseparable from the herbalist's

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therapy. The grading of herbalists according to quantitative differences in therapeutic power enables a client to proceed in a diagnostically rational manner.

The logically maximal chain. Using these grades, a client can construct "chains" of real herbalists, ranging from least to most powerful, in the relevant disease-name specialty. The following formula contains all logically possible herbalist chains. In this description, the symbol "-→" is used to indicate that "therapeutic failure by the antecedent practitioner is followed by consultation with the following practitioner".

(1)medhaniyt $seci_1$-→(2)medhaniyt $seci..._n$-→
(3)medhaniyt $ateci_1$-→(4)medhaniyt $ateci..._n$-→
(5)yi-medhaniyt $korac_1$--(6)yi-medhaniyt $korac..._n$-→
(7)medhaniyt awakiy of the client's parish-→
(8)medhaniyt awakiy of regional reputa-→
(9)healer of category three (debtera, balazar, atmakiy)

Three observations are relevant here:

1. Since the higher the grade, the more powerful the therapy, a therapeutically and diagnostically irrational move is from higher to lower grade (i.e.,-→).

2. Therapeutic failure at (1), (3), and (5) leaves the episode diagnostically ambiguous. Thus, subsequent consultations at a single grade (i.e., with (2), (4),

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and (6) is not precluded.

3. Because (8) is believed to practice the most powerful herbal therapy in a disease-name specialty, therapeutic failure here tends to be diagnostically conclusive and the chain of herbalists is forsaken for (9).

Empirically, the logically possible chain is abbreviated to the following maximal chain:

(1)*medhaniyt seci* or *medhaniyt ateci*→

(2)*yi-medhaniyt korac* or *medhaniyt awakiy* of client's parish→

(3)medhaniyt awakiy of regional repute and/or "weak" *debtera*→

(4)healer of category three

The shortest "chain" is composed of a single practitioner.

Real chains avoid consultations with more than one practitioner of the same or adjacent grades. This simplification results from a tendency of clients to generalize from an experience with a specific herbalist to all herbalists of that grade and disease-name specialty. The therapeutic failure of a weak therapy, one provided by a *medhaniyt seci* or *medhaniyt ateci*, indicates to the client that nothing short of a strong therapy will be effective in this episode. The client's freedom to generalize in this fashion is encouraged by several considerations. First, it is convenient for a client to treat all herbalists of the same grade as more or less pharmacological equals (*vide supra*). Second, in the

*278
*757 case of serious and acute ailments, the exigencies of
*759 time force the client to seek rapid and efficient diagnosis as the prerequisite of an effective cure. To confine therapy to a single grade of herbalist is to minimize chances for an accurate diagnosis, since a second or third therapeutic failure at the same herbalist grade is diagnostically no more informative than the first failure. Even in the case of chronic ailments, it is unusual for a client to engage more than a single herbalist of the same grade. Instead, the client follows initial failure with therapeutic inactivity, which either remains permanent for the ailment in question, or is eventually ended by consulting a higher grade herbalist.

The relationship between practitioner, etiology, and syndrome is not always so clear-cut, however. Occaisionally, a client consults no herbalist at all, even though the syndrome at hand appears appropriate to an
*756 herbalist specialty. The client, instead chooses a
*755 *debtera* (or, less often a *balazar*) as the initial healer
*793
*[278] in the episode. Like herbalists *debteras* are sorted into a graded series according to differences in healing power. In the abstract, the client arranges the two types of practitioners into parallel and mutually distinct series, according to the sources of their respec-
*[278] tive healing powers. While the herbalist's powers derive from prosaically transmitted pharmacological infor-

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*793 mation, the debtera's powers are derived from his intimacy
*[278] with spirit beings, the ganels.

[776] The therapeutic usefulness of the debtera's familiars is believed to be related to the ability of ganels
[753] to produce a wide variety of ailments. Some of these ailments
*[278] coincide symptomatically with ailments treatable
[776] by herbalists (although they are etiologically distinct), other of these ailments can be cured by herbalists' therapies, and yet other ailments caused by ganels are symptomatically distinct from any ailments treatable by herbalists. These relationships between practitioner, etiology, and syndrome are diagrammed and annotated in Table 6.

*755 From the perspective of the client, the debtera
*756 is therapeutically effective because he can force or cajole
*793 his familiars to communicate therapeutically significant
776 information (including pharmacological information) and to give other assistance. The debtera's power is conceived by the clients in terms of his ability to control his familiars. The most powerful debtera is the ganel gelac, a practitioner whose therapies the client can never divorce from direct associations with ganel familiars. For the "weaker" debtera, however, it is only in the abstract that clients posit a causal role for spirit familiars in any episode that such a debtera treats successfully. In the context of actual disease episodes,

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*756 the connection between the weak debtera, his familiars,
*793 and his therapies is, at most, tacit, and unarticulated.
[776] More often, clients ignore the tie altogether, and conveniently assimilate this *debtera* into position (8) of the logically maximal chain.

The diagnostic significance of this move does not detain the client. Therapeutic success is in itself regarded as sufficient, and diagnostic speculation is not indulged. Therapeutic failure, likewise, tends to be interpreted in pragmatic terms only, indicating that the services of a more powerful healer must be obtained if
*[278] the sickman is to be cured. Probably, the choice will be a *ganel gelac*, but it is possible that even an herbalist of reknown will be chosen.

*278 Real herbalist chains are, then constructed by
*756 clients on an *ad hoc* basis. In constructing his herbal-
*759 ist chain, the client is dependent upon, first, the ac-
203 tual distribution of relevant practitioners within his environs, and, second, persons who can communicate this information to him. A client knows the herbal specialties of most residents of his own hamlet, and of the more prominent healers of the parish in which his hamlet is located. Beyond the parish, however, he knows the names of few secular practitioners, and these few are healers with whom he has stood previously as a client. To build his chain, he must often rely on information

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*759 provided by kinsmen, neighbors, and lower grade herbal- 203 ists who are familiar with the identity of professional colleagues in their own disease-name specialties. A client sometimes has difficulty finding local herbalists *756 with which to staff a desired herbalist chain. The *793 ("weak") debtera is often a "convenient" choice to fill this deficiency. He is a member of a class of practitioners who are famous for practicing therapies for a wide variety of ailments. Moreover, the debtera is conspicuous. In ecclesiastical performances, divination, and providing prophylactic amulets, he is observed and patronized by many residents of the district in which he lives. Thus, although potential clients may not know his therapeutic repertoire in detail, he is considered a potentially relevant practitioner about whom clients are always likely to make active inquiries.

*278 The empirical chain is the product of non-medical 75 as well as medical considerations. The client's non-medical interests include the cost of therapy, the discomfort associated with the therapy, and the distance which the client might have to travel to reach the therapist. Lower grade herbalists are always less expensive and generally less painful than higher grade ones, and the client is more likely to find a lower grade herbalist in his vicinity. So far as non-medical factors are considered in isolation, initial consultation with a

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lower grade herbalist is favored.

There are no obvious non-medical advantages, neither relative nor absolute, for the client who chooses a higher grade herbalist. An herbalist initiates the patient into no relationships which endure beyond the length of the therapy. The onset of a disease episode, particularly one characterized by a serious ailment, has important consequences for the relationships between the sickman and members of his household, and between him and other individuals to whom he is bound by important rights and obligations. These changes are generally perceived in terms of non-participation by the sickman, particularly in affective and subsistence contexts. However, consultation with an herbalist does not itself significantly affect the relationships. Submission to herbalist therapy, for example, does not validate a claim to a particular sickman state, since this is determined within the domestic unit, prior to professional consul-
*[753] tation. Repeated therapeutic failure, far from discrediting the sickman's claims, can only escalate the seriousness of the epidose, moving it etiologically to the domain of ganels and zars---agents more worrisome prognostically than those against whom the herbalist works.

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The Weak Debtera-Healer in Table 6. In the abstract, laymen define the medical identity of all debtera-healers in terms of associations with spirit

[TEXT CONTINUED ON PAGE 93]

TABLE 6

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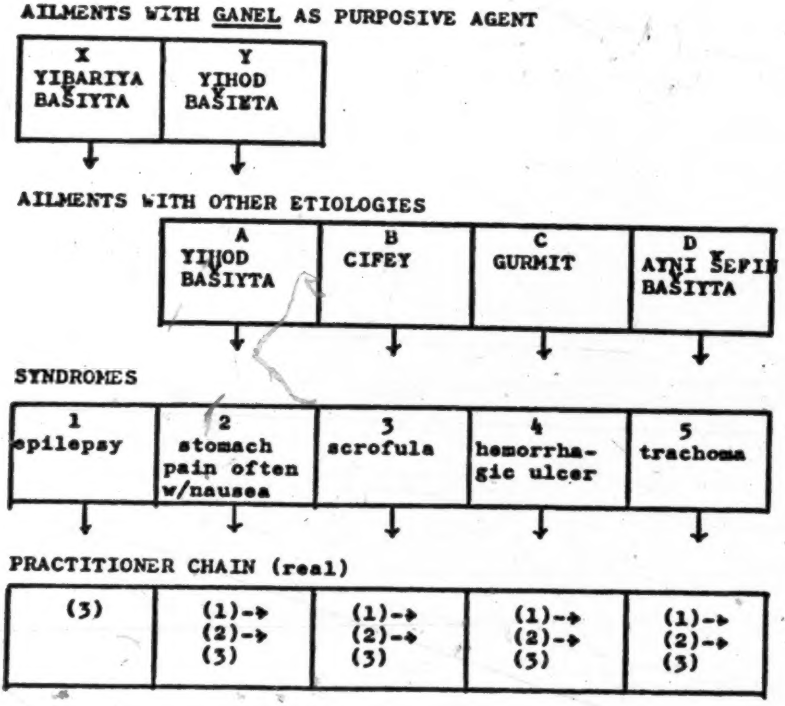
A TYPOLOGY OF RELATIONSHIPS BETWEEN SYNDROMES, AILMENTS, AND ETIOLOGIES RELEVANT TO THE HERBALIST CHAIN


AILMENTS WITH GANEL AS PURPOSIVE AGENT
X
YIBARIYA BAŠIYTA
Y
YIHOD BAŠIETA
AILMENTS WITH OTHER ETIOLOGIES
A
YIHOD BAŠIYTA
B
CIFEY
C
GURMIT
D
AYNI ŠEPI
BAŠIYTA
SYNDROMES
1
epilepsy
2
stomach pain often w/nausea
3
scrofula
4
hemorrhagic ulcer
5
trachoma
PRACTITIONER CHAIN (real)
(3)
(1)->
(2)->
(3)
(1)->
(2)->
(3)
(1)->
(2)->
(3)
(1)->
(2)->
(3)

*756
*793 familiars, the *ganels*. Empirically, the association be-
*776 tween the weak debtera (*tiniš debtera* or *meshav gelac*)
*[192] and spirit familiars becomes obscure and ignored altogether when the ailment that is treated by the weak *debtera* is only tenuously linked to a *ganel* causal agent. Under these circumstances, potential clients tend to "secularize" the healing powers of the weak *debtera*, and to distinguish him from herbalists according to non-medical criteria (in particular, their respective ties to the Coptic Church).

*753 *Ganel and Ailment in Table 6*. The associations between the above ailments and *ganels* range from obvious and necessary (ailment X), to tenuous and obscure (ailment D):

Syndrome 1: This syndrome is characterized by a single possible causal agent, the *ganel*.

Syndrome 2: Any one of the following etiologies is possible here: 1) There is no obvious spirit agent responsibility (e.g., the ailment is explained as the activities of *wosfat* which have been disturbed by the ingestion of stale food); 2) The activities of non-purposive causal agents (e.g., *ganel-likift*) are responsible; 3) The activities of purposive, non-adventitious spirit agents (e.g., *ganel*) are responsible. Therapeutic failure by a *medhaniyt awakiy* (highest grade herbalist) identifies the syndrome as ailment Y, rather

*753 than A.

Syndrome 3: This syndrome is caused by *likift*, and the *ganel* is considered a likely (non-purposive) agent.

*[192] Syndrome 4: This syndrome is produced by contact with dirty (*kowšaša*) objects or places (e.g., hearth ashes, excreta, filthy clothing). Association with *ganels* is at most implicit, since such places are considered favorite resting places of these beings.

Syndrome 5: The association with *ganels* is most *[192] tenuous here. *Ayni šefin bašiyta*, for example, may be brought about by either an eye-lash which has taken root in the sickman's eye, or by over-exposure to the smoke of domestic fires. *Ganels* could be invoked to explain why this particular sickman was involved in this particular disease episode. Recourse to this explanation is unlikely, however, since the *ganel* characteristically acts as a purposive, non-adventitious agent in syndromes of types 1 and 2 (i.e., where the *ganel* is the sole or alternative causal agent whose disease causing is direct and unmediated through *ganel*-*likift*).

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The Strong Debtera in Table 6. To the potential client, the tie between a powerful *debtera*-healer (*ganel gelac*) and his *ganel* familiars is necessary and sufficient to explain this *debtera*'s therapeutic successes. Even syndromes of type 4, although not customarily linked to

*753
*756 a *ganel*-agent, can be explained as *ganel*-caused if
*793 treated successfully by the following (real) practitioner
776 chains:

(1)--▸(2)--▸(3), or (2)--▸(3)

Because of their substantial fees, clients generally limit therapy consultations with strong *debteras* to episodes involving serious ailments. Since such ailments are very frequently traced to *ganel* agents (syndromes of types 1 and 2), the diagnostic relevance of the strong *debtera*'s cures tends to be reinforced empirically.

THE *BALAZAR*

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*756 A *balazar* ("*zar* bearer") is a man or woman who has
[562] been selected as a "mount" (*feres*) by a zar spirit. Most
often, the *zar* signals his interest in an individual by
producing a syndrome known as *kureyña*. At its simplest,
the ailment is characterized by chronic stomach pain,
generally accompanied by headache. Within the context
of Amhara nosology, these are highly ambiguous symptoms,
*[192] and four alternative etiologies are possible. At its
most innocuous, the ailment is classified descriptively
as "*hod himem ina ras mitat*" (literally, "stomach ailment
and headache"), and traced to *gerifta* and *likift* pathogens. The three other etiologies are sorcery (*sray*), divine displeasure (*mekseft*), and *zar* possession (*kureyña*);

*753
*756 all are indicative of serious ailments. In a typical episode involving this syndrome, the sickman initially diagnoses the least worrisome etiology, *likift* or *gerifta*. Secular therapies are then obtained, but when these fail, a choice must be made from among the remaining etiologies.

The sickman usually finds epidemiological indications sufficient to favor one of the three etiologies.
[562] *Zars*, for example, are known to prefer post-pubescent fe-
[602] males (constituting over 80% of *zar* mounts), and individuals who are the primary relatives of recently deceased *balazars*. Once an individual has been mounted by a specific *zar*, the bond between human and *zar* is almost always permanent. Over the years of their association, the *zar* becomes familiar with the constant companions of the host, particularly her children. With the death of the *balazar*, the *zar* characteristically desires to mount someone whom he already knows well. This epidemiological evidence is confirmed by divination and often by the appearance of additional symptoms (usually swooning, sleeplessness, langour, and depression) which are associated with *zar* involvement.

*755 If diagnosis indicates *kureyña*, the sickman seeks
776 therapy from the leader (*awakiy balazar*) of a coterie
787 (*hadra*) of *zar*-possessed folk. At their initial meeting, the *awakiy balazar* is mounted by one of his *zars*, who at-

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tempts to communicate with the sickman's supposed *zar*. The object of the dialogue is, first, to identify the sickman's *zar* by name. In the abstract, the *zars* are believed to be multitudinous, but in practice the members of a *hadra* will be acquainted with only a score or so of these spirits. Each of these *zars* is named, and recognized for his social identity (e.g., sex, age, occupation, religion), his characteristic attitude towards human mounts, and his ability to influence the conduct of other *zars*. The initial dialogue further attempts to learn what precisely the spirit wishes in return for ceasing to afflict his host. Often a sickman's *zar* is unresponsive, and the sickman must undergo a regimen, often lasting several weeks, at the home of the *hadra* leader. During this period, the sickman is induced to sleep for long stretches of time. During this period a decoction of *cat* (*Catha edulis Forsk*) is given the sickman to drink.[10] This regimen is maintained until the unruly zar has been "socialized" and is prepared to converse intelligibly (in *zar* argot) through his host. Conversely, some *zars* reveal their identities rapidly and explicit-

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[10] Interestingly, when eaten fresh the leaves of *cat* appear to act as a wakefulness-producing stimulant (Hill 1965:17).

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776 ly, so that the sickman is afflicted with the kureyña
787 symptoms for only a short time before the zar is successfully engaged in conversation.

*753 Zars demand periodic gifts (mainly jewlry and
*755 clothing), and regular attendance at the hadra of the
*756
776 awakiy balazar who first contacted the sickman's zar. At the hadra meetings, special foods favored by the zars are served, and members are mounted by their familiars. The zar who is neglected punishes his host with a recurrence of kureyña or some other ailment, until his requirements are fulfilled.

A hadra leader is frequently possessed by ten or more zars; characteristically, all are cooperative, and several are powerful zars, capable of influencing the behavior of weaker spirits. In contrast, other members of the hadra are each mounted by one or two less resolute and often capricious zars. The zars of the hadra leader are helpful in persuading the zars of hadra members to define what gifts they demand in return for a surcease in their pathogenic activities. Through his familiars, the awakiy balazar learns therapies for ailments with which hadra members are afflicted by their zars. These therapies are often necessary, but never sufficient, to bring about cures, since they remove only the immediate causes of the sickman's ailments. The awakiy balazar occasionally provides therapeutic services for individu-

*753
*755 als who are not members of his *hadra*, and, more fre-
*756 quently, provides divinatory services for clients.

776 For each of its members, the *hadra*, comprising its human and *zar* members, becomes the group within which her most important social relationships beyond the family are found. In a medical context, the *hadra* develops into an exclusive and self-sufficient group, in which the *balazars* trace all of their serious physical ailments to the displeasure of their *zars*, and find all necessary prophylactic, diagnostic, and therapeutic assistance in the *hadra* leader.

THE DISTRIBUTION OF SECULAR HEALERS IN RURAL BEGEMDER

131
133 Within the 74,200 square kilometers of Begemder Province are found a diversity of physical conditions, from the hot and parched western lowlands, through the fertile and temperate highland plateau, ascending to the cold and empty mountain reaches of Ras Dashan. The people of Begemder divide its lands into three ecological zones, as indicated by map 1.

Kola lands are located between elevations of 600
and 1800 meters. The highlander considers *kola* to be a
*[192] disagreeable region; it is unhealthful because of malaria
(often referred to as *yisudan bašiyta*, "the Sudanese disease), and unpleasant in its excessive heat. Preferred

[TEXT CONTINUED ON PAGE 103]

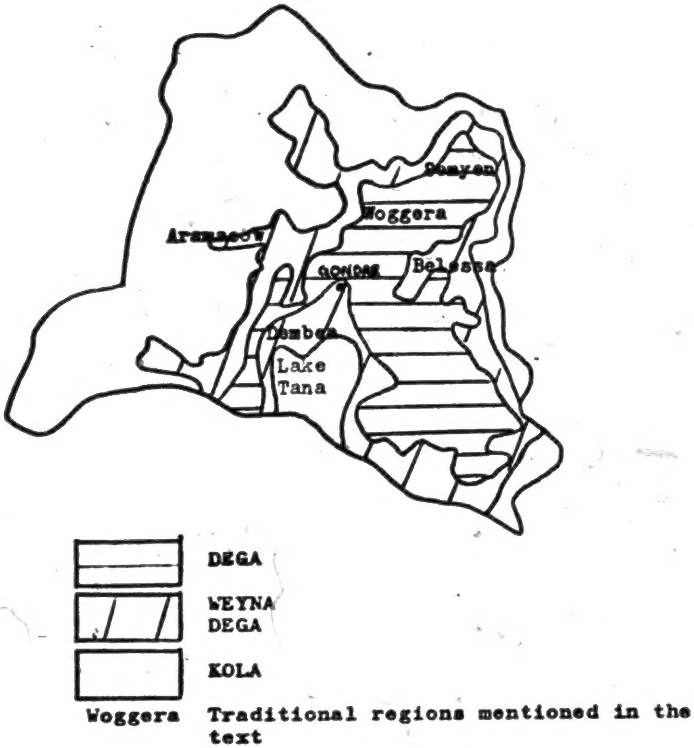
12:Young E-4,5 (1966) 1971 MP5 Amhara MP5
Begemder

MAP 1

ECOLOGICAL ZONES OF BEGEMDER PROVINCE

(After Simoons 1960: 5)

102
131

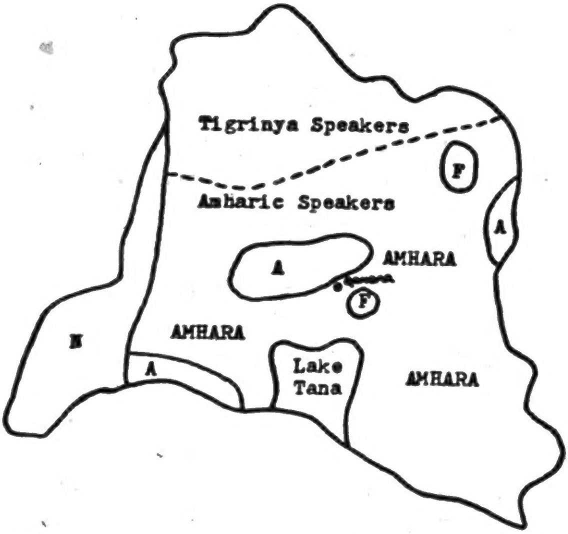

Semyen
Woggera
Aramacow
GONDAR
Belessa
Dembea
Lake Tana
DEGA
WEYNA DEGA
KOLA
Woggera
Traditional regions mentioned in the text

MAP 2

THE MAJOR ETHNIC GROUPS OF BEGEMDER PROVINCE

(Adapted from Simoons 1960: 22)

101
102
131


Tigrinya Speakers
F
Amharic Speakers
A
A
AMHARA
F
N
AMHARA
A
Lake
Tana
AMHARA

A: Agaw

F: Falasha

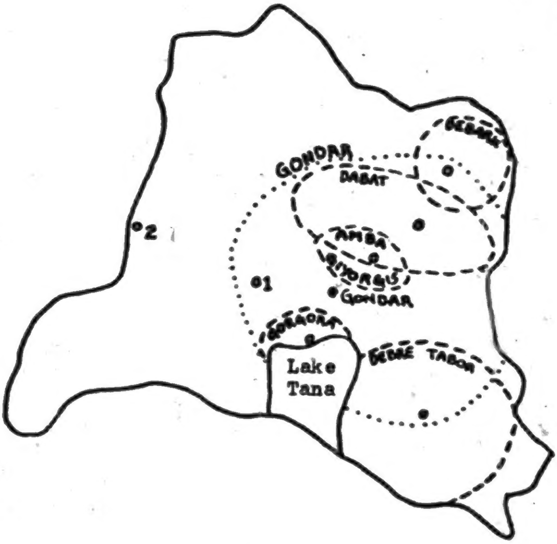
N: Nilotes

AMHARA: Abyssinian Muslims also dispersed throughout these areas

MAP 3

EXTREME DISTANCES TRAVELLED TO PRINCIPAL WEEKLY MARKETS OF HIGHLAND BEGEMDER PROVINCE

102
131
484


DEBARK
GONDAR
DABAT
AMBA
GIYORGIS
GONDAR
2
1
GORGORA
DEBRE TABOR
Lake
Tana

Distances from Gondar

Amba Giyorgis...	24 miles
Dabat...........	44 miles
Debark..........	61 miles
Debre Tabor.....	104 miles
Gorgora.........	40 miles
Chilga (1)......	45 miles
Metemma (2).....	140 miles

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133

[243] Preferred cereals cannot be grown here, instead sorghum, finger
millet, and white tef (*Eragrostis teff*; an indigenous,
[635] tiny-grained cereal) are produced. Moreover, the civil
administration of the *kola* is less effective than in the
highlands. Of the three zones, *kola* is the most sparse-
[162] ly populated, and the only one to contain a substantial
[563] indigenous non-Hamitic population. These are a Nilotic
[567] people, horticulturalists living on the province's west-
ern periphery. Highlanders refer to them by a putative
tribal nomer, "*Šhankella*", and, until recent times, ob-
tained their domestic slaves from this population. Even
now, Nilotes living in the highlands are popularly known
as *bariya*, "slave".

Weyna dega lands are located between 1800 and 3000
[136] meters. This is parkland beyond the range of the ano-
[243] pheles mosquito, and ideal for growing preferred cereals,
[231] wheat and red teff. Here, as in the other zones, agri-
culture is complemented by the raising of sheep, goats,
and chickens for food; cattle for meat, milk, and plow-
ing; donkeys to carry burdens across the broken plateau
lands; and horses and mules as mounts.

Dega lands are the sections of the plateau which
[243] extend beyond the 3000 meter mark. In their lower reaches,
wheat and red teff are grown, but at higher altitudes
[233] barley is the dominant cereal. The lands above 4000 me-
ters cannot be cultivated, although some are used for
grazing.

*753 grazing. Both highland zones are considered ideal for
131 human habitation. While residents of the *dega* zone oc-
133
821 casionally comment on what they regard as the uncomfortable summer heat of the *weyna dega*, at the same time it is acknowledged that the rainy season (*kiramt*) is more burdensome in the *dega*. The rains last from May to September and are marked by temperatures in the mid-thirties in *dega* lands and perhaps ten to fifteen degrees warmer in the *weyna dega*. This season is regarded as a particularly bad time for *kurtimat* (rheumatoid complaints) whose severity is considered greatest in the *dega* zone. Epidemiologically, the *dega* is also associated with a relatively high incidence of *yinifas bašiyta* ("the wind disease"), an ailment described in Chapter One.

131 Although reliable population estimates are lacking,
101 the *weyna dega* and *dega* zones contain perhaps 85% of
161 Begemder's people. These rural highlands are occupied
197 by five ethnic groups, racially indistinguishable from
144 one another and, with an exception, now speaking a common Semetic languase, Amharic. The Amhara are the most numerous of Begemder's highland peoples, and extend into the provinces of Gojam and Shoa, to the south. Within the Begemder highlands, they occupy the area south of latitude 13°30'. North of this line live the Tigre, a related people who speak a cognate language, Tigrinya.
101
131 Both Amhara and Tigre are Coptic Christians, and from
779

101
131 their combined ranks the political elite of Ethiopia has
779 been historically recruited. Third among the highland peoples are the Agaw. It appears likely that they are the descendants of the original Hamitic population of this region, and only during the last century have most Begemder Agaw been converted from their indigenous religious beliefs to membership in the Coptic Church. Within Begemder, they constitute a majority of the inhabitants of three non-contiguous areas. Fourth among highlanders are the rural Muslims, indigenous people who have been converted to Islam over the last five centuries.
[241] While the rural Amhara, Tigre, and Agaw are exclusively
[463] farmers, these Muslims divide their energies between farm-
[286] ing and working as artisans, mainly weavers of the toga
[443] cloth; Muslim women are prominant among the traders of
[562] the weekly markets held throughout the province. Least numerous of the highland people are the Falasha, Abyssin-
[423] ian Jews following a Mosaic creed. A despised and humil-
[326] iated people, the Falasha farm only rented fields
[286] (timene), and work as smiths as well as weavers; Falasha
[162] women are potters. Although the Falasha are localized in several regions, they nowhere constitute a majority
[361] of an area's residents. Like the Abyssinian Muslims, they reside either in hamlets of their own, apart from Amhara, or in peripheral homesteads of otherwise Christian hamlets. These distributions are summarized in Map2.

634 635 Parish and Hamlet. The highland zones can be divided along three complementary social dimensions---po- *[192] litical, ecclesiastical, and economic. Politically, the province is divided into awraja (sub-province), warada (district of a sub-province), and meketel warada (sub- 632 district). The meketel warada consists of fifteen to 361 thirty parishes (deber). The parish, in turn, is com- *[192] posed of three to ten hamlets (mender), each consisting 592 of ten to fifty households (bet). Most households consist of husband, wife, unmarried sons, and pre-pubscent daughters[11]; a minority of households consist of aged spouses only, or of widowed individuals living by them- 592 selves. Characteristically, the households of a hamlet 361 are dispersed, so that any one is perhaps 100 to 300 meters from its closest neighbors.

647 While officials of the provincial and sub-provincial governments are generally out-landers appointed by the central government, administrators of the warada and meketel warada are usually members of the local gen- *[192] try. Within the parish, civil administration is in the hands of the ceka šum, a petty administrator who imple-

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[582] [591] [11] Since it is common for a girl to marry at 11 or 12, but to delay the virilocal move until age 15 or 16, the natal household may include a married daughter.

*647 [192] ments decisions that come down from the *meketel warada* or *warada*.[12] Incumbency tends to rotate among the senior
611 423 *risteñas* of the parish. Amhara trace genealogies ambilineally to the original recipients of primary land rights (*rist*) to local fields. Ambilineages are traced from these apical ancestory through those descendants (*risteñas*) who have made effective claims to the fields of the original estates. Over time, it is the genealogical links associated with land claims which tend to be
[582] remembered, to the exclusion of other descent ties. Similarly, it is these links which are examined most carefully in deciding whether a proposed marriage would be properly exogamous (i.e., ideally excluding descendants of the sixth ascending generation).[13]

*793 From the perspective of the Amhara peasant, the ecclesiastical organization of Begemder consists of two levels, the bishopric (located in Gondar, the provincial

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[12] A *fereseña*, rural policeman, is also a resident farmer of the parish.

[13] Hoben (1963:116-117) considers these matters in detail, and notes that occasionally the boundaries of exogamous unions are contracted to include the descendants of the fifth and even fourth ascending generations.

*793 capital) and the parishes. The social identity of the
*793 parish tends to be defined in terms of the ties linking
794 its residents to the parish church. The church must be
provided with sufficient clergy for the performance of
the weekly Mass, as well as Masses on feast days and on
occasions which mark a sacrament of the Church. This
amounts to perhaps three Masses every week, each of which
must be conducted by at least two priests (_keys_) and
three deacons (_diyaḳon_). Ideally, these ecclesiastics
are recruited from among the parish's _risteñas_, in return
for the use of fields belonging to the parish church.
[776] The tie between residents of a parish and its eponymous
church is further strengthened by the tendency of these
people to confine their public ritual performances to
the church, to favor the church's saint (reified in the
arc, _tabot_) with private appeals for protection against
illness and other misfortunes, to donate gifts to it when
such appeals have been answered, to bury their dead in
its churchyard, to pay towards the salary of a church
teacher (_astomariy_) of the syllabary, and perhaps for a
teacher (_memher_) of advanced Church subjects as well,
and, lastly, to contribute in tithes (generally cereals
and other foodstuffs) and labor towards the proper maintenance of the church.

443 _Parish and Town_. The highland zones can be concep-
632 tualized as a series of overlapping market spheres, each

443
632 centered in a town and extending outward to include those areas from which peasants come to buy and sell. [132] [484] The size of the town's sphere contracts and expands seasonally, reaching its nadir furing the rainy season, when overland travel becomes difficult owning to deep mud and raging torrents. Then, travelling is infrequent and confined to the market town closest to a peasant's home parish. Although market trips are more frequent during the remainder of the year, most terminate at the closest market. These relatively short trips are favored when grain is brought to the mills located on the periphery [796] of most market sites. The spheres of the larger towns (Gondar, Debre Tabor, Dabat) reach maximum size on the market days which preceed the great celebrations of the Coptic Church---Meskal (which celebrates the discovery of the True Cross, and follows the end of the rains), Michaelmas (November), Timkat (feast of the Epiphany, and preceeding the Lenten fast), and Easter. Map 3 indicates the extreme limits for market spheres of the towns of the Begemder highlands.

[491] The highland market towns are strung along the province's only all-weather motor road.[14] Each offers a

[648] [14] This road, built during the Italian occupation (1936-1941), runs north to Asmara (capital of Eritrea) and (since the 1960's) south to Addis Ababa (the national capital). A dry season road links the highland towns to Metemma on the Sudan border.

443 632 once-weekly market, staggered, so that the market days of over-lapping spheres do not coincide. Peasant exchange at these markets tend to be "sectional" in character; that is to say, producer-sellers bring regional specialties (such as cotton and high quality cayenne from kola lands; cereals, fresh vegetables, and livestock from highland farms), or occupational specialties (such as Falasha iron mongery and pots; the leather goods of the Fakiy, a largely endogamous artisan group). In addition to local products, peasants come to purchase imported goods (especially clothing) and the produce of distant parts of the Empire (such as salt bars from the Danakil Depression). The market is also the peasant's tie to the world market, to which he sends cattle and cattle hides.

The large market towns, with their numerous consumer crowds, offer important economic inducements to
[275] the peasant marketeer. Beyond these economic functions,
[548] the large town offers diversions and attractions unavailable in the peasant's home parish---exotic surroundings, the temporary fellowship and entertainment of beer houses and mead halls, and the sexual companionship of the town's numerous prostitutes.

632 796 The town also attracts peasant visitors on matters unrelated to the market place. The monthly feast days of various saints of the Coptic Church are occasions for special celebrations, and these attract peasants, out of

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[796] motives of piety and supplication, to the saints' epony-
[346] mic churches. Within the environs of Gondar, for ex-
ample, there are forty-two churches, and perhaps half
are of sufficient antiquity and fame to mark them for
special visits on the saints' days. Each of the market
towns contains at least one famous church. The larger
towns are, moreover, the seats of their sub-provinces,
and are the objects of visits by peasants on "govern-
[691] ment" (mongist) business. Most frequently, this means
[423] litigation involving the disposition of land rights.

361 Two Rural Hamlets. Tikurmidir and Lemmariet are neighboring hamlets, situated on fertile dega lands. Together they occupy the southwest quadrant of Kidus Yowhannis parish (hamlet and parish names are pseudonyms), a three hour walk from the awraja seat, Dabat town, in the Woggera region. Of the two, Tikurmidir is larger:

[161]
[592]

	Tikurmidir	Lemmariet
Total population	151	95
Total households	36	24

In both hamlets, a majority of households are headed by
[613] risteñas. These households are distributed among the
[592] hamlets' ambilineages as follows:
[162]

	Tikurmidir	Lemmariet
Ambilineage I	18	10
Ambilineage II	6	1

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[162]

	Tikurmidir	Lemmariet
Ambilineage III	4	
Ambilineage IV	3	
Ambilineage V		5
Ambilineage VI		3
Ambilineage VII		2
Total ristenas households	31	21

[423] In each of the hamlets, there are two households be-
*[192] longing to Amhara tenant farmers (timeneña), individuals
unable to claim membership in any local ambilineage.
These tenants, who provide their own seed and draught
animals, return a quarter of their crops to the risteñas
[779] whose fields they use. There in Tikurmidir two addition-
[433] al timeneña households, whose members are Muslims. These
[286] households are headed by brothers who supplement their
*[192] agricultural activities by weaving the šama (toga) for
local Christians.

*793 Primary rights to a third of a parish's fields are
361 believed to reside with the parish church. Ideally, the
423 use of such fields, known as yikeys mariet ("priest's
795
*[192] land"), is given to local priests in return for parti-
[613] cipating in the Masses of the parish church. In prac-
tice, rist-holding ambilineages become associated with
specific tracts of yikeys mariet by providing such
priests over generations. Occasionally, ambilineage

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361 members are unable to retain their claims to these
423 church lands (which are intimately linked to the ac-
613 quisition of leadership positions and prestige within
795 the parish) by providing priests from their own ranks. Consequently, substitutes from outside the parish must be obtained. Such is the case with ambilineage I today. According to current allocation of yikeya mariet in Tikurmidir and Lemmariet, ambilineages I and V are each expected to provide three priests for the Mass. Ambilineage V currently provides its three from three ambilineage households of Lemmariet. Ambilineage I, however, currently provides only one ristena priest (a resident of Tikurmidir). Thus, members of ambilineage I using these fields have been obliged to invite two non-ristena priests to take up residence on a portion of these lands, in return for participation in the Mass.

361 Finally, these hamlets contain three female ser-
562 vants, unrelated to other residents of the parish. In
592 Tikurmidir, there is a single Amhara attached to a household of ambilineage I; in Lemmariet there is a "bariya" in a household of ambilineage I, and another in a household of ambilineage V.

*278 Herbalist Medicine in Tikurmidir and Lemmariet.
*757 The herbalist therapies of these two hamlets are descri-
*759 bed in Table 7. With the use of this information, the
613 following paragraphs will indicate that the professional

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therapies practiced in Tikurmidir and Lemmariet (like those of Begemder Amhara hamlets in general) are fairly evenly distributed among resident ambilineages and households. A significant consequence of this distribution is a general understanding by all residents of the pharmacological, therapeutic, and diagnostic notions of Amhara medicine, and the inhibition of separate professional and lay cultures, at least with regards to secular therapies. A second consequnce is that the differential healing powers of herbalists are perceived in clients and herbalists in specific, symptomatically bound contexts, divorced from notions of diffuse and widely relevant healing powers.

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A majority of the herbalists of Tikurmidir and Lemmariet practice a single professional therapy:

	Tikurmidir	Lemmariet
Total therapies:	26	20
Total herbalists:	20	16

No herbalist of these hamlets practices more than two professional therapies, thus there are ten herbalists practicing multiple therapies. The combinations of therapies practiced in these hamlets are as follows:

In Tikurmidir:

(Aynitila:Seci:k:T) and (Yibuda Bašiyta:Seci:k:T+)
(Aynitila:Seci:k:I) and (Demikitir:Ateci:k:I)
(Nikersa:Kitabiy:A:I+) and (Kuntina:Kabiy:k*:I+)

(TEXT CONTINUED ON PAGE 119)

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TABLE 7

A ROSTER OF SECULAR HERBALISTS OF TWO RURAL HAMLETS OF BEGEMDER

1. Explanation of the notations used:

Therapeutic notations:
Seci: Medhaniyt Seci (provider of unprocessed medicaments)
Ateci: Medhaniyt Ateci (provider of processed medicaments)
Kabiy: Medhaniyt Kabiy (painter of processed medicaments)
Kitabiy: Kitab Kitabiy (amulet maker)

Pharmacological notations:
i: Ise Korac ("stalk cutter")
s: Sir Korac ("root digger")
k: Yi_Medhaniyt Korac ("medicine cutter for the_ailment")

Grade notations:
A: Medhaniyt Awakiy ("medicine expert")
*: Herbalist claims Medhaniyt Awakiy title, but is professionally unknown beyond the parish

Ambilineage notations:
I to IV: ambilineage designation
T: Amhara tenant farmer

Client notation:
+: Clients are attracted from beyond the herbalist's own hamlet and immediate environs

For example, the notation "Seci/Ateci:k:I" signifies an herbalist who offers a therapy as either a Medhaniyt Seci or Medhaniyt Ateci, who is also known as a Medhaniyt Korac by virtue of the complex of ingredients used in his therapy, and who is a member of ambilineage I.

TABLE 7 CONTINUED

*278 2. The roster:
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Disease-Name Specialty	Grade and Ambilineage of Herbalist	
	Tikurmidir	Lemmariet
Aynitila (chronic anxiety affecting ability to engage in ordinary social intercourse)	Seci:k:II+ Seci:k:T	Ateci:k°:II
Demiketir (profuse external bleeding)	Seci/Ateci:k:I	
Ibac (running sore, particularly on lower leg)	Seci/Kabiy:i:I	
Ikek (scabies)	Kabiy:k°:I Kabiy:k°:II	Kabiy:k°:I Kabiy:k°:I
Hod Himem (stomach ailment marked by local pain)	Ateci:i:I	Seci:i:I
Kosow (tapeworm)	Ateci:i:II Ateci:k°:I	
Koruba (small pox)	Seci/Ateci:i:I+ Seci/Ateci:i:I	Seci:i:I+ Seci:i:I
Kuntina (leprosy)	Kabiy:k°:I+	
Kurtimat (rheumatoid complaints)	Kabiy:k°:II	Kabiy:k°:V

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TABLE 7 Continued

Disease-Name Specialty	Grade and Ambilineage of Herbalist	
	Tikurmidir	Lemmariet
Kusil (infected cut)	Kabiy:k°:II+ Kabiy:k°:III+	
Mers (poison)	Ateci:k°:IV+	
Mic (bothersome skin inflammations and rashes)	Seci/Kabiy:i:I+	Seci:i:I
Nikersa (septicemia with a prodromal carbuncle)	Kitabiy:A:I+	
Ras Mitat (headache caused by gerifta)	Seci:s:I	Ateci:s:VI
Wosfat (wosfat biting stomach wall and adjacent organs)	Ateci:s:I Ateci:k°:I	Seci:s:II Ateci:i:III Ateci:i:III Ateci:k°:II
Wuwgat (localized body pain)	Ateci:s:T	
Yibuda Bašiyta (buda possession)	Seci:k:T+	Ateci:k:IV
Yibt Wuwša Bašiyta (rabies)	Ateci/Kabiy:i:III[15] Ateci;k°:I	Ateci:k°:I

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[15] This therapy also used for snakebite.

TABLE 7 CONTINUED

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Disease-Name Specialty	Grade and Ambilineage of Herbalist	
	Tikurmidir	Lemmariet
Yilfiyn Bašiyta (swollen and painful extremeties following a prodromal cut; often pre-gangrenous)	Kabiy:k*:I	Seci/Kabiy:i:V
Yisaal Bašiyta (sustained and severe coughing)	Ateci:k*:II+	Ateci:k*:II Ateci:k*:II Ateci:k*:II

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*759 (Kusil:Kabiy:k•:I+) and (Yilfiyn Bašiyta:Kabiy:k•:I)

(Wosfat:Ateci:k•:I) and (Kowsow:Ateci:k•:I)

(Yisaal Bašiyta:Ateci:k•:II+) and (Kurtimat:Kabiy:k•:II)

In Lemmariet:

(Koruba:Seci:i:I+) and (Mic:Seci:i:I)

(Koruba:Seci:i:I) and (Mic:Seci:i:I)

(Aynitila:Ateci:k•:II) and (Yisaal Bašiyta:Ateci:k•:II)

(Wosfat:Ateci:k•:III) and (Yisaal Bašiyta:Ateci:k•:III)

The combination of therapies owned by any one herbalist is recognized by Amhara as being entirely adventitious, although no secular herbalist is considered likely to own multiple therapies for a single disease-name specialty.

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Since three of Tikurmidir's herbalists are women, and two of them reside with herbalist spouses, the distribution of herbalists among households is as follows:

[162]

	Tikurmidir	Lemmariet
Household with one or more herbalists:	19	16
%of Amhara households with one or more herbalists:	56%	67%

The distribution of herbalist therapies in these hamlets is further characterized by a high degree of "redundancy", that is to say, the presence of two or more therapies directed against the same named ailment, but practiced by different herbalists:

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	Tikurmidir	Lemmariet	Inter-hamlet
Number of redundant herbal therapies % of total:	14 (54%)	13(65%)	40 (91%)

For most therapies, redundancy is accidental; herbalists practicing the same disease-name specialty simply happen to reside in the same hamlet and there is no (knonw) genetic link between their therapies. In the two hamlets, however, there are twelve therapies each of which shares a genetic tie with one or more other therapies. [593] Most of these link father with son:

(Koruba:Seci:i:I+) with
(Koruba:Seci:i:I)

(Mic:Seci:i:I+) with
(Mic:Seci:i:I) (same herbalist as above entry)

(Wosfat:Seci/ateci:i:III) with
(Wosfat:Seci:i:III)

(Yisaal Bašiyta:Ateci:k':II) with
(Yisaal Basiyta:Ateci:k':II)

The father in each of these cases is a relatively old man (late sixties, mid-fifties, and mid-sixties, respectively), and who no longer wishes to bother with collecting the medicaments necessary for his therapy. So, even though the father in each case is remembered as an herbalist in the disease name specialty, it is the son who has taken over the practice (an eldest sibling in these three cases). None of these therapies has an impressive reputation for effectiveness, a consideration

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*757 which is mainly responsible for the junior *wosfat*
*759 therapist to limit his therapy to simply providing
the unprocessed medicaments.

*278 One of the remaining redundant pairs,
*757 (*Ikek*:Kabiy:k':I) with (*Ikek*:Kabiy:k':I) links two
869 brothers of Lemmariet, who obtained the therapy from a
[602] member of their mother's natal ambilineage core. The remaining redundant therapies are all traced to a single individual, Asfow (now deceased):

Therapy notation	Asfow's link to herbalist
(*Koruba*:Seci/Ateci:i:I+)	FaFa, via Asfow's first Wi
(*Koruba*:Seci/Ateci:i:I)	MoFa, via Asfow's second Wi
(*Koruba*:Seci:i:I+)	SiHu, Si is Asfow's second Wi
(*Koruba*:Seci:i:I)	FaSiHu, Fa is preceeding entry

Only in a minority of cases is a professional therapy transmitted to two or more residents of a parish who may practice it in competition with one another. Asfow did this by transmitting his therapy to three individuals whose geneaological ties to one another proved remote enough to preclude the tacit agreement which might enable closer kinsmen to vest exclusive professional rights in a single individual. Asfow's actions can be traced to two considerations. First, this therapy has low commercial value; it has a poor reputation for effectiveness, and it addresses an acute ailment, *koruba* (a fatal pox). Because a *kuruba* episode is character-

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*757 ized by a duration of only twenty-four hours from first
869 prodromes to its termination, clients can be expected only from the parish and its immediate environs. Since clients of the herbalist's own parish are rarely expected to pay for any but the cure of a Medhaniyt Awakiy, the practice of this koruba therapy is likely to amount to little more than a modest presentation given by the herbalist.

In contrast, Nikersa:Kitabiy:A:I is a valuable therapy directed against a serious but not acute ailment. [778] This therapy consists of an amulet containing a variety of exotic materials, and of instructions for washing the affected area. The therapy was brought to Tikurmidir by Berey, the second wife of Asfow. Once Berey's eldest son, Gitahun, reached adolescence, his mother used him as her medhaniyt korac for gathering the amulet materials and as her apprentice in the manufacutre of the "pharmacologically" elaborate amulet container. Later, when Gitahun's own eldest son, Ayialuw, reached adolescence, he replaced his father as Berey's medhaniyt korac. After Berey's death, Gitahun, then in his fifties, began his practice of the nikersa therapy, retaining Ayialuw as medhaniyt korac and apprentice. Had the therapy addressed a more common ailment, it is likely that Gitahun would have begun practicing it prior to his mother's death, initially serving neighbors and kinsmen, while

*278 *757 [869] his mentor restricted her professional services to clients from outside the parish.

Among the herbalist therapies practiced in Tikurmidir and Lemmariet, there are, predictably, those which provide successful cures or satisfactory palliatives for certain non-serious ailments (particularly, wosfat, kosow, kurtimat, and wuwgat). Since this repertoire of disease-name specialties is found in most Amhara hamlets, a client generally need go no farther than a hamlet herbalist for treatment. Beyond these, the assortment of therapies *[192] practiced in any hamlet is adventitious; for example, epidemiologically, pharmacologically, and prognostically it is no more explicable for kuntina (leprosy) and koruba (fatal pox) therapies to be practiced in Tikurmidir than for timan aniše (elephantiasis) or werešiyn (typhus) to be found in their stead. The character of a particular assortment oftherapies within a region has important professional consequences for the herbalists of this area. [628] Where an herbalist practices a therapy in the absence of redundant therapies, he can expect to attract clients from the entire area of his exclusive practice, even though his therapy may be a weak one. Thus, the contrast between a therapy serving only clients of the herbalist's hamlet and a therapy serving a wider population cannot always be explained on the basis of differences of healing power, but in many cases may also depend upon whether

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redundant therapies are present or absent in the surrounding area.

Of the forty-six therapies which are practiced in Tikurmidir and Lemmariet, thirty-five (75%) attract clients only from the area of the herbalist's hamlet, as a result of redundancy within the hamlet itself or its environs. Of the eleven therapies of Tikurmidir and Lemmariet which attract clients from Kidus Yowhannis parish and its environs, ten are practiced in the absence of redundant therapies within this area; none of the ten is characterized by conspicuous therapeutic success. One of these, *Mers*:Ateci:k'&IV, is professionally known even beyond the parish's environs. Owing to the "heterogeneous" nature of the *mers* pathogen, the treatment of *mers* (poisoning beginning with nausea and vomiting and leading to madness, *ibidet*) is generally considered curable only by a *debtera*, and herbalist remedies are infrequent (see Table 1). In the case of this therapy, the herbalist's noteriety has been supported in part by the tendency of potential clients to associate his therapy with the practice of powerful *debteras*. This therapy's repute is further served, technically, by the presence of a pharmacologically complex *memeleša*. But here, again, the therapy is anamalous; for, according to the logic of Amhara medicine, a therapy against *mers* must consist of a *memeleša* alone. In such therapies,

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*757 the *memeleša* counters the effect of the poison, which
628 stands in the place that the primary medicine would in any other internally administered herbalist therapy.

The remaining therapy attracting clients from beyond the hamlet is *Nikersa*:kitabiy:A:I, and is the hamlet's best example of a therapy of *medhaniyt* *awakiy* grade. As an "amulet therapy", it has no *memeleša*, nor does it allow for a diagnosis to the administration of the therapy. The grading of such therapies is dependent upon criteria of efficacity and professional reputation; this *nikersa* therapy is regarded as relatively effective and it attracts clients from all Woggera, in spite of the presence of redundant therapies within this area.

THE DISTRIBUTION OF SECULAR HEALERS IN URBAN BEGEMDER

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[369] Less than 5% of the province's people are classified "urban" by Government census.[16] Half of these townfolk live in Gondar, the provincial capital. Although Gondar is the administrative, ecclesiastical, and commercial center of Begemder, its demographic and social character-

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[16] 56,000 out of a total of 1.24 million (EAS1965: 23-24).

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632 istics are, except for differences in scale, approximated by most of the other provincial towns situated in predominantly Amhara areas.[17]

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463 The People of the Town. Approximately three-quarters of Gondar's residents are Amhara, born in either Begemder or adjacent Gojam province. Most Amhara townsmen are government employees (clerks, messengers, teachers, and judicial functionaries); a lesser number enjoy some ecclesiastical identity, and others are local rentiers, often supplementing their incomes with government or Church employment. A smaller number work in miscellaneous, unskilled occupations, notably as watchmen (*zibaña*) at the households of affluent co-religionists.

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632 Three quarters of Gondar's adult Amhara are women.
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433 A minority of them are the spouses or dependents of local Amhara townsmen, and confine their daily activities to domestic duties. A still smaller number are rentiers, or the recipients of stipends from mature sons living elsewhere. The remaining Amhara townswomen, perhaps 40%

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[17] Thus excluding Chilga (urban center for the Kemant Agaw region) and Metemma (a border town of the Sudanese lowlands).

632 of the town's total population, support themselves by
433 working among the densely packed rows of beer houses
463 and mead halls which are found along the approaches to,
and in the vicinity of, the arada, the weekly market
area. A portion of these women alternate periods of
beer selling with work as servants in Amhara households.

632 Gondar's Muslims include both Abyssinians (pejora-
779 tively, "Jabartiy", "half-caste") and Arabs. While the
563 former are mono-lingual Amharic speakers and physically
[199] indistinguishable from Amhara, the latter are distinc-
[167] tively dressed, bilingual in Amharic and Arabic, often
[142] light-skinned, and either immigrants from South Arabia
or the descendants of immigrants and their Abyssinian
[443] wives. Arab men are the town's most affluent merchants
[442] (who often make a weekly circuit of provincial markets
with their goods), shop-keepers, and wholesalers. Arab
women are secluded at home. In the main, Gondar's
Muslims are residentially nucleated in Addis Allem, a
settlement on the town's southern perimeter and con-
tiguous to the arada.

632 A substantial number of Tigrinya-speaking people,
563 predominantly Eritrean, live in Gondar. The men are
463 employed mainly as artisans (carpenters, masons, sandal
[199] makers, tailors, tinkers), laborers, and ecclesiastics.
[562] Because of their relative sophistication, Eritrean wo-
men are popular servants for affluent townsmen, and as

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563 bar maids.

[463]
[562] A third, numerically significant minority have come from the provinces of Wollo to the east, and from Shoa and those areas still farther south. Local Amhara classify them together pejoratively as "Galla"[18], even though many are in fact true Amhara. [144] Although these "Galla" vary as to physical type, most are indistinguishable from local Amhara, and only a minority are markedly negroid. [779] Most are Copts or Muslims, although a few are non-Coptic Christians. [647] Most of the men are government employees, generally members of the provincial gendarmerie, which is headquartered in Gondar.

Three additional, numerically small, populations also reside in Gondar. [562] The Agaw are represented mainly by girls and women working as servants for the less affluent townsfolk, and as beer sellers. [464] *[192] Of the Nilotes living here, the women work as servants for poor townsfolk, and both sexes haul wood from distant areas for sale in the town's daily wood market (sir gabiya). [326] The very few Falasha in Gondar are iron-mongers.

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621 Ward and Town. Gondar's residents divide the town

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[18] The predominant ethnic group of southern Ethiopia, and, to Gondari Amhara, half-pagan and negroid ("bariya").

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621 into sixty-five named wards (sebekas). The social and demographic character of wards varies considerably, and it is useful to describe them in terms of two contrasting types. At one extreme, the ward resembles a kind [241] of urban parish. It contains an eponymous Church; and [423] a majority of residents are risteñas, members of landowning ambilineages who support themselves by farming and renting homesteads on their lands. But even these wards contrast with rural parishes on several counts. *[192] The ward is generally compact in size, and internally [463] undivided beyond the homestead (bet). Within it live out-landers who work outside the ward in exclusively non-agricultural occupations. Further, while the parish is administered in detail by residents, the ward relies upon non-resident agents of the municipality for its administration.

At the other extreme, are the town's "non-corporate" [648] wards. During the Italian occupation, several of [175] Gondar's parish-like wards were sequestered by the invaders as building sites. After liberation, the Imperial government divided each of these wards into tracts, which were deliniated according to the buildings upon them. Tracts were then given as grants (yaribeña mariet, "hero's land") to supporters of the government-in-exile, who were often non-residents of Gondar. In time, the pre-war boundaries of such wards were no longer regarded

632 621 relevant by townsfolk, and tracts, alone or in combination, came to be redesignated as "ward". Typically, the non-corporate wards encompass no agricultural lands, and includes no church within its boundaries. None of its resident families are risteñas or even related to one another, and each tends to associate itself with a church [779] according to cirteria other than residence. Indeed, in some, Muslims occupy homesteads within an otherwise Christian ward.

Most of Gondar's wards are today without any corporate identity, and serve simply as convenient place names or as occasional indicators of affluence and occupation. Although the meaning of many ward names is forgotten now, the names of others remain appropriately descriptive. Some denote the residents' occupation; *[192] (the "place of the superior beer", "encoye mosk", which is occupied by beer houses). Others retain the name of an eponymic church (as in Rufael sebeka).

Non-corporate wards are not a recent innovation. From its founding in the seventeenth century, Gondar has included such sebekas---given over to beer houses and mead halls, to liegemen and warriors, and to a variety of artisans. The last war and its aftermath have only extended such areas and have encouraged risteñas to build residences on their lands for out-landers unable to find housing elsewhere in town.

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621 *A Gondar Ward*. Gabrael *sebeka* lies on Gondar's
eastern flank, and is typical of those wards which are
not given over entirely to *talla* sellers or tradesmen.
[241] Until liberation, it was occupied by *risteñas* and cul-
[423] tivators of *timene* and church lands (*riym*). During the
[178] last three decades, the ward's character changed greatly,
[795] as domiciles for out-landers were built on its fields,
[342] and many of its erstwhile peasants took up employment in
[463] the town. Today, the ward contains 198 residents. Ten
[161] of its forty-four households are headed by Gondar-born
632 people; of these, five were born in Gabrael *sebeka* it-
621 self. The remaining household heads are a) Amhara from
592 other parts of Begemder (sixteen households), from Gojam
(five households), and from Wollo (five households); b)
Tigreans (three households); c) local Agaw (two house-
holds); d) Shoans (four households); and e) Šankella
(one household). On the average, the ward's adult resi-
dents who were not born in Gondar have lived fifteen
[241] years in this *sebeka*. With the exception of three house-
[793] holds which still depend exclusively on farming, and
[463] two local priests (sharing the Mass with priests residing
in an adjacent ward), the ward's residents are supported
by occupations which depend upon daily contact with
[463] people of many other *sebekas*. In brief, seven household
heads are policemen, thirteen hold other government em-
ployment, five work as *zibañas*, eight as wood cutters,

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592 two as _talla_ sellers, and one each as mat seller, carpenter,
463 day laborer, and pensioner.

*278 The practice of herbalist therapies in ward and
*759 town contrasts significantly with the situation in rural
369 hamlet and parish. The relatively dense population of
the town has important consequences. In the countryside,
the closest herbalist needed for a specific episode may
be a day's walk from the client's home; in the town several
may be found within an hour's walk. The increase in
herbalist therapies is not directly proportional to the
increased population of town over countryside, however.
*278 In Gabrael _sebeka_, for example, only eighteen households
*759 (41% of the total) contain one or more herbalists. Many
632 townfolk are forced to abstain from practicing herbalist
therapies, because, as out-landers, they are unable or
disinclined to locate needed botanicals. Also, significant
numbers of townsfolk practice non-secular therapies,
particularly as _balazars_.

*278 Further, although there are more redundant herbalist
*759 therapies potentially available to the townsman, he remains
369 ignorant of many of them. The peasant locates himself
203 within a network of several core kinsmen and neighbors
602 upon whom he depends for information regarding herbalist
chains. The townsman finds his place in a social
matrix in which kinship ties are greatly diluted by distance.
632 In Gabrael _sebeka_, for example, thirty-two house-
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621 holds (73% of the total) are without kinship ties to
632 any other of the ward's households. Although many of
these residents have kinsmen in other parts of Gondar,
few have more than one or two relatives in the town.
[613] In addition, because most townfolk rely upon nonagricultural
[423] employment for their subsistence needs,
[241] there is a concomitant disinterest in ambilineage fields.
A consequence is a weakening of the important economic
bonds which otherwise link kinsmen to one another.

*278 Kinship ties are an important means by which the
*759 peasant acquires and communicates information necessary
203 for constructing herbalist chains. Since almost every
602
369 herbalist therapy of the rural parish enjoys its own
613 "pedigree", or trans-generational reputation, the peasant
herbalist is provided with means for 1) publicly validating
his therapeutic claims, and 2) communicating the
existence of the therapy to his potential clients. Potential
clients frequently associate the ownership of a
famous herbalist therapy with the members of a specific
ambilineage, often identifiable by name. Both the ambilineage
(whose identity is linked to its fields) and
its medical reputation (which is tied to the ambilineage)
are attached to a particular location. Since
residence is most often viripatrilocal, the transmission
of such therapeutic reputations is characterized by an
*278 agnatic bias. The male therapist moving to town, like
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*278 *759 203 369 the female moving away to her husband's parish, is generally cut off from this reputation. Thus, the herbalist in the town must most often establish this professional existence and reputation de novo. There is no way in which he can stimulate clients to come his way other than by empirical proofs. If his therapy is directed against an ailment for which even expert herbalist therapy promises success in only a fraction of cases, or an ailment which is epidemiologically infrequent, his difficulties are so much the greater. Thus, in spite of Gondar's relatively great population, the town contains only a handful of herbalists of provincial-wide fame. These same considerations dampen the herbalist's readiness to acquire new disease-name specialties. In addition to the difficulties already noted in Chapter 2, such a therapist would likewise be forced to establish his new professional presence de novo, even though he enjoyed an already established reputation against another ailment.

*278 *759 369 The contrast between the place of herbalist therapies in town and country has been most notably effected by the relative accessibility of non-herbalist therapies in the town. This is a result of the concentration of non-herbalist practitioners in towns, and of the relative affluence enabling townsmen to purchase more expensive therapies.

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743 A government hospital, located on the edge of
177 Gondar provides the most important non-traditional therapies. Most townsfolk regard hospital therapy with considerable apprehension, because of its strangeness and of numerous apochryphal tales describing its thera-
*757 pies. Nevertheless, the Amhara does not dispute the
177 power of Western medicine, at least regarding some ail-
178 ments. This respect is largely explained by the demonstrated successes of Western medicine, and the fact that, operationally, it coincides with certain traditional no-
*[192] tions of what powerful therpies should be like. In particular, the violent introjective mode associated with the most commonly experienced of hospital therapies, merify (injection), is regarded as consistent with notions of strong therapies. Moreover, the practitioner of Western medicine, like powerful traditional healers, is characterized by a general mastery over an extensive disease domain, through abstruse sources of power. Western therapy is not in general well integrated into traditional medical beliefs, but tends to be considered mainly from a pragnatic perspective. Thus, hospital therapy is a likely choice for ailments against which it has repeatedly demonstrated successful cures and against which traditional healers are predictably less successful. Conspicuous here are abscesses, ulcerations, and other superficial but potentially serious infections,

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177 known as *kusil* and *ibac*. In addition, Western therapy
178 is sought for ailments which are serious and chronic, but
for which traditional cures offer a poor prognosis or
only palliatives. For these ailments (in particular,
leprosy, *kuntina*; chronic coughing, *yisaal bašiyta*, including tuberculosis, *yilib bašiyta*; and a variety of
stomach ailments, *yihod himem* and *migaña*), Western medicine is believed to offer prognosis equal to that of
powerful traditional non-secular therapies, but not
necessarily superior to them.

The injectionist's therapy is considered a variety of Western medicine. Injections are provided in the town's single *pharmacia* and by a handful of free-lance injectionists. All offer the same therapy, injection with what the client believes to be a uniform medicament, generally unidentifiable beyond "*merify*".[19] Injectionist therapy is favored for primary syphilis (*kitin*) and "fevers" (*weba*).

*278 The town herbalist's foremost traditional competi-
*759 tors are the weak *debtera* and the *balazar*. The relative
632 concentration of these therapists in towns is indicated
by the following: In Tikurmidir and Lemmariet, there

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[19] Most often, it is penicillin.

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*759 are no debtera therapists, and, although there are
632 several women who are members of zar coteries (and are, thus, balazar) none publicly practiced therapies which might have been obtained from zars or fellow balazars. In contrast, the following non-secular therapies are practiced in Gabrael sebeka:

	Non-secular therapies	Herbalist therapies
Balazar 1	7	
Balazar 2	7	
Balazar 3	8	
Debtera 1	6	
Debtera 2[20]	10	
Total	40	31
% of all therapies of Gabrael sebeka	56%	44%

*278 In summary, then, herbalists figure less prominantly
*759 in the town than in the countryside. The townsman more
369 frequently omits them from relevant practitioner chains, or limits them to the initial consultation in such chains.
369 However, from the perspective of the system of Amhara
75 medical beliefs, this contrast between town and country

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[20] In ecclesiastical terms, this man is not entitled to the title of "debtera".

369 has no important consequences, and, in terms of Amhara
75 medical practices, the contrast is statistical rather
than substantive.

CHAPTER FOUR

THE DEBTERA LIFE HISTORY

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To his public, the *debtera* is most remarkable for his embodiment of so many significant contradictions. As an ecclesiastic, he is indispensible to the Church; he ensures its permanence by training boys for the priesthood, he enriches it with the fruits of his scholarly labors, and he sustains it by leading the performance of the Mass. Yet, he is often regarded by the laity as a breaker of priestly vows, an adulterer, and an intimate of the *ganels* against which the Church's existence stands opposed. He is a healer of the sick; he divines the future and provides an impressive variety of pro-[754] phylaxes for clients. He is also the most notorious sorcerer in the land, and appears oblivious to the certain fate which satanic friendship and ensorcelling entail for him.

To explain these contradictions is to discover the sources of the *debtera*'s reputation as the most powerful of Amhara healers, a reputation which he enjoys in spite of the fact that his therapies are pharmacologically little different from those practiced by secular herbalists. Becuase this observation depends upon familiarity with the *debtera*'s professional life history, it is denied to the *debtera*'s public, who only dimly perceive,

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*793 badly distort, and over-simplify the course of his career. For them, the contradictions are never reconciled, and remain a source of the awe with which they regard the debtera.

The debtera's career is, in fact, marked by years of deprivation and misery, of powerlessness and vulnerability before the forces of his social and physical environments. It is a life whose course is dominated by three interdependent interests. The first of these is the pursuit of the ecclesiastical goals which are the denotata of debtera-hood. The physical mobility and desperate insecurity which characterize the student's pursuit of the ecclesiastical goals eventually produce two valuable commercial assets for him---the acquisition of basic mercantile skills, and the willingness to face real dangers, both physical and moral. It is his capitalization of these assets that constitutes the second dominant interest. Ultimately, it is a life in which the pursuit and exercise of power, of the ability to control and influence the forces of his social and physical environments, that become dominant.

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642 In Ethiopian society legitimate power is descended from the Almighty, and mediated through the Emperor and his designated officers. The mundane sources of such power are, first, the possession of rights to fields sufficient to attract and reward personal supporters,

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*793 [642] and, second, the exercise of political prerogative, delegated by the state, with which to bestow favors and to direct sanctions. The _debtera_ seeks power elsewhere, for he is a man without fields, kinfolk, or politically significant ties. It is in this quest, that he travels the path of apparent contradiction and real compromise, a path which ends in an attempt to wrest power from satanic sources, unmediated by any moral authority, and to legitimize it _sui generis_.

This chapter describes the _debtera_'s life history, in terms of the sequence of recruitment criteria which an individual must meet before becoming a _debtera_, the decisions which he must make between alternative career paths, the knowledge, skills, and power which are acquired by the man who follows the path to _debtera_-hood.

Deferred to the concluding chapter is a comparison between the _debtera_-healer and the secular practitioner, and a description of the culmination of the _debtera_'s quest for power, the satanic contract.

LEAVING THE PARISH

[869]
*[192] Among the services provided at the parish church is instruction in the Amhara syllabary (_fidal_), and the ecclesiastical subjects required for ordination as a deacon (_diyakon_) and, subsequently, as a priest (_keys_).

* 756
*793 Literacy, per se, is not the goal of enrollment, but is
869 percieved rather as a pre-requisite for studying the
*[192] Gospels (wangel), the psalter (dawiyt), and a variety
of prayers, pursuant to participating in the Mass
(kidasiy) as an ecclesiastic of the parish.

621 Within a parish, only a minority of households send
869 boys to the church school; these are generally risteña
*793 households, each sending a single priest-candidate in
233 any one generation. Because attendance at the school
[602] precludes shepherding, the common lot of young boys, the student's family must find a substitute shepherd for him; a younger sibling is usually available for this task, but, if not, a collateral or even non-kinsman may be obtained. Indeed, the age at which a boy begins his studies (generally, between seven and thirteen years) is often determined by when this substitute can be found. The parish school is suspended, however, during periods of intensive agricultural activities, of harvesting, threshing, and winnowing.

*793 Although considerations of piety influence a man to
423 seek ordination for his son, self-interest generally do-
593 minates. The achievement of priesthood validates a
621 family's claims to church lands (yimoskol mariet). If
554 the neophyte's father is himself a priest, his son's or-
*[192] dination means freedom from bothersome performances in the Mass. If the father is not a priest, but anyway

*793

423 holds priest land because he is a ristena of a founding
593 ambilineage of the parish, his son's ordination means
621 that the lands or payments until now turned over to a
554 stranger priest (in lieu of a ristena priest) can be kept
within the family.

*793 The durability of the ties which bind a priest to
621 his natal parish are reinforced by his marriage. Most
581 peasants are married in a "secular union" (yaluwkurban
[837] *[192] migabat), which excludes neither divorce not extra-
[586] marital sexual adventures.[21] The priest, on the other
hand, must be married, and it can be only as a "communion
marriage" (bikurban migabat), an indissoluble sacrament
of the Church which commits the spouses to sexual fidel-
[572] ity and forbids even remarriage. Thus, the priest is
cut off from carousing in the talla houses of the town.
He must instead confine his comraderie to the courtyard
of the parish church, separated from the persons and experiences which might otherwise lead him away from his
parish fields.

*793 Thus enrollment in the parish school is conceived
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[21] Two other forms of marriage, associated with a man on travels or living in town, are yidomoz migabat (which lasts for a contractual period) and yilijinat (providing only exclusive sexual rights to the woman).

621 as a means for dicusing and strengthening a risteña
869 family's economic and social interests within the parish.
241 There are two conspicuous exceptions. Should a boy bear
[732] a physical disability so severe that he will be unable
to perform the basic subsistence activities of Amhara men, particularly plowing, he may be enrolled in the parish school as a prelude to a non-agricultural career beyond his natal parish. The alternatives are few.
[463] Work as an artisan is appropriate for Muslim and Falasha,
[441] but shameful for an Amhara; while employment as a mer-
[563] chant is less objectionable, the peasant is generally without the necessary skills, contacts, and capital; military service is beyond his abilities; thus, only the Church and government remain. Regarding the Church, the priesthood is closed to him, since a priest must be physically whole, and capable of standing unassisted during
[647] the performance of the Mass. The remaining ecclesiastical and government career choices assume that a boy will achieve literacy at the parish school and subsequently
*793 depart from his natal community. The second exception
621 to the local focus of the parish school, is the small
869 number of boys who are offspring of debtera-teachers ser-
593 ving in parish churches. The ties of these men to their parishes-of-residence are usually only professional, and they are rarely risteñas, it is moreover their professional ethos which influences them to seek an extensive

*793

621 ecclesiastical education for their sons.

869 However, it is not only the cripple and blind, or
[598] the landless sons of full-time ecclesiastics who find in the parish school the means to leave the agricultural community. In reality, they constitute only a minority of the boys who leave the parish. For among those who are the physically-whole offspring of *risteñas*, there are some who find objectionable the prospect of a life-time as a farmer, subordinated to a father's wishes and interests, and bound to a single woman. Where such inchoate dissatisfaction exists, it may be further stimulated by the parish teacher, particularly if he is a *debtera*.

*793 The teaching at the parish school is performed by
621 a local priest or monk[22] who is competent in the re-
869 quired subjects. In the absence of a suitable local man,
[792] a stranger monk or *debtera* is employed. The *debtera* is a Church scholar of sorts, who also leads the chanting of the liturgy during the performance of the Mass. He is an important model for the restive student, for his life provides an alternative and challenge to the social

*[192] [22] A "monk" (*manakwosa*) is a mature unmarried deacon, a widowed priest, or a layman who has renounced material acquisitions and has vowed celibacy. Only the first two are literate and, therefore, potential teachers. There are, in addition, anchorites (*bahatawy*).

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[621] expectations that have gone unquestioned by other members of the boy's community. Significantly, the debtera is observed to enjoy a wide range of acquaintances beyond the peasants of the parish; he is a man known to have travelled throughout the northern highlands, to study at famous churches and monasteries, to visit great towns and markets. Beyond this, he is a man who has acquired power and prestige while free from the constraints of parental authority, *as a member of an association of* equals living beyond the bounds of the rigid status hierarchy of traditional Ethiopia.

For many students, it is the prospect of ending their studies rather than their wanderlust which they find discomforting. As a priest, a man is unlikely to progress in his knowledge of the liturgy and the scriptures, for he is neither likely to find a suitable teacher in his home region, nor are his agricultural, ecclesiastical and familial responsibilities likely to allow him the leisure to participate in such studies. What is more, the debtera-teacher, in casual remarks, paints the priesthood as a poor choice for the bright student; he is neither loath to comment upon what he considers priestly ignorance, nor is he reluctant to encourage his better students in the fulfillment of what he regards as their superior abilities.

The debtera provides a second service for the dis-

*793
869 sident student by familiarizing him with the network of churches, monasteries, and academies which constitute the stations along which the student will progress once he leaves his natal parish.

*[192] The completion of psalter (*dawiyd*) is frequently considered a sign of the student's readiness to be tested by the local bishop (*abuna*) for certification as a deacon. The boy is fifteen or sixteen by this time, and the recipient of church fields in return for his performance in the Mass; with his *marriage a few years* later, he becomes a priest. The boy bent on a *debtera* career generally waits until he has been certified a deacon, since this is considered a prerequisite for enrollment in his first debtera *school*.

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166 With the exceptions already cited, a man is certain to oppose his son's departure, since, sentiment aside, the boy's move usually represents a significant economic loss. When he leaves his natal parish, he does so secretly, journeying to a distant debtera, in order to conceal his new residence from his father. Thus, he begins his *debtera* career without kinfolk or friends to protect him, without resources to meet his subsistence needs.[23]

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[369] [23] Since liberation, government (secular) schools have offered an alternative to an ecclesiastical education pursuant to government employment. The effects of this have been limited, however, since only an estimated 3% pass beyond the eighth grade (ESA 1965:198). In addition children of townsmen and non-Amhara are disproportionately represented in these classes.

12:Young E-4,5 (1966) 1971 MP5 Amhara MP5
Begemder

THE STUDENT LIFE

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The debtera's ecclesiastical studies are divided into three broad categories: 1) Kiyne, versifications in the form of conundrums; 2) subjects relevant to the celebration of the Mass, such as zeyma (liturgical music), akwawkum (liturgical dance), and a variety of liturgical chants (e.g., soma digwa, songs and hymns of Lent); and 3) tergum, scriptural interpretation. Ideally, a student spends sufficient time under a master (memher) in each area to attain proficiency according to the standards of his mentor. In addition, a debtera is expected to acquire mastery of one subject so that he may, in turn, offer instruction in it.

The Kiyne Curriculum. Most often, these studies begin with kiyne. In the kiyne-drills, the student acquires the knowledge of Ge'ez, the language of the Church, and the parent tongue of Amharic and Tigrinya. In his ecclesiastical studies at the parish school, the student had learned a bit of Ge'ez vocabulary, but nothing of its grammar (irabata). Attendance at the kiyne school is believed to further instill habits of diligence and concentration, and the acuity of mind necessary for his later studies; further, kiyne studies are a prerequisite for versifications which the debtera performs during Church services.

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The routine of the kiyne school varies little from day to day. After the sun has set, the kiyne master comes before his students, who number between fifteen and forty; he extemporizes a kiyne, perhaps one praising the Almighty, or demeaning a ganel. This the student memorizes, and over the next twenty-four hours, he composes an original kiyne to match the intent and subtleties incorporated in the master's own. The next night, the master again engages his students, who offer up their kiyne for a critique by the master. Once more, the master provides a kiyne for emulation on the following night. Although kiyne can be composed in Amharic as well as Ge'ez, masters usually versify only in the liturgical language, which the student learns concomitant to the exploration of kiyne.

Anxieties and Dangers at the Kiyne School. During his stay at the kiyne academy, the student is faced with serious challenges to achieving professional goals and maintaining physical well-being. Students consider the kiyne curriculum to be very difficult, and even the most gifted student cannot attain acceptable proficiency in less than two or three years of continuous and conscientious application. The more ordinary student can look forward to five or more years at this particularly dif-

*793 869 ficult task.[24] In addition to the problem of mastering the subleties of kiyne (a problem often exacerbated by a master's indirection), the student is confronted with the prospect of memorizing the great amounts of scriptural and liturgical information.

Initially, the novice student is warmly received by his peers, who refer to him as "younger brother", and offer him assistance in establishing himself, and learning the curriculum. The atmosphere of helpfulness soon gives way to one of competition, as the established students come to regard the new boy as a rival for the master's personal instruction and encouragement. Although overt friendliness persists, the relations between a youth and most of his fellow students are underwritten by intense suspicion and rivalry.

[877] [875] The master does not distribute his assistance equitably, but plays favorites, according to differences in students' abilities as well as personally conceived

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[24] Kiyne students are, in general, drawn from among the most promising students of the parish school. Even so, the curriculum sometimes proves too difficult, and the students may seek out a kiyne master practicing an easier "school" of kiyne. Among kiyne students studying in Gondar, the gonj kiyne was reputed to be appreciably more difficult than wosera kiyne (both named after Ethiopian monasteries).

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869 criteria. His personal interest means to the student
875 rapid advancement through the curriculum, dining at the
master's table, and enjoying privileged information of
a non-ecclesiastical nature. Without his patronship, a
student is committed to years of uncertainty and physical
misery, scraping to meet his subsistence needs,
paying his "tuition" in demeaning services, such as
gathering the master's wood and tilling his garden, and
in deferential performances, particularly washing the
master's feet and those of his visitors.

*793
869 The *kiyne* student is further troubled by the many
ailments which are his lot. He lives, with one or two
[342] of his mates, in a wretched lean-to of twigs and wild
grasses, which proves to be poor protection against the
[291] cold winter rains. Often he owns only the toga on his
[515] back, and it, like him, remains unwashed for the duration
[164] of the long dry season. Thus, *ikek* (scrofula) becomes
his badge, and *kurtimat* (joint pains) and *weba*
[262] (fever) his recurrent companions. The student's diet
*[192] is his special concern, since it conspicuously lacks the
combination of wholesome *wot* (stew) and *injera* (pancake-like
[735] bread) necessary to sustain good health. He obtains
[164] most of his food by begging in the town and local
hamlets, where he generally receives scraps of stale
injera bread, always inadequate and potentially pathogenic
(i.e., *likift* bearing, threatening fever and

*793
869 severe abdominal pain). The wot he eats is invariably
[262] the humblest type, aliyca, lacking the cayenne-based in-
[164] gredient (berberiy) necessary to man and digestive wosfat.
[735] His injera is made of pulses instead of proper cereals,
*[192] and often he has nothing but a handful of parched grain (kolow) with which to satisfy his hunger and truculent
[164] wosfat. In addition to persistent abdominal complaints
*[192] (yihod himem), students are often afflicted with dafint (night-blindness) which is particularly stressful in the context of the student's nocturnal activities.

[231] There is also danger from animals, the vicious and
[735] often rabid hamlet dogs, which plague him as he begs;
[776] from ganels which gather outside the church yard waiting to suffocate him in his sleep, to tempt him to sacrilege
[514] with their calls just as they tempted Saint Basil, to waylay him when he goes beyond the church yard for nocturnal urination.

The Growth of Mercantile Interests. With the exception of those few students who enjoy the kiyne master's patronage, or who receive parental support, the young scholars must periodically interrupt the course of study for excursions into the lowlands in order to meet their
[221] subsistence needs. In early September, after the rains
[222] have ended and the countryside is covered with verdure,
*(192) kiyne students journey to the kola lands to gather the wild gramta grass. The gramta must be sun dried for

*793
869 five weeks before it is ready to be woven into a tsifit,
222 a food hamper and table around which the Amhara meal is eaten. Because the students cannot afford so long a hiatus from their studies, the grasses are dried only a week or so, in order to lighten them for the trip back [735] to the highlands. During their stay in the lowlands, the students support themselves by begging food from local farmers. Enterprising students often gather twice the amount of gramta they can carry, leaving the surplus to be taken up to the highlands in January.

*793 The gramta is brought to the student's hut at the
869 kiyne school for storage and drying. Although the stu-
[442] dents are anxious to sell immediately upon drying, both price and demand are low then, since the weavers, peasant [284] women, have no leisure for tsifit making until March. In
*(192) the meanwhile, the student makes either traditional umbrellas of gramta for sale at the regional market, or seleyen, shrouds which he sells in the churchyard to mourners.

[434] Students also beg crops, a portion of which they consume and the remainder of which is sold at market. For a four week period, during October and November, the student begs a traditional double handful of pulses from farmers. During a two to three month period from February to April, students beg cereals and other crops (especially, cayenne). Because the amounts of produce

*793 869 434 obtained are often considerable (100 kilos and more), arrangements must be made for obtaining a donkey.

[735] [442] However great his needs may be, a student cannot expect to participate in all of these activities, since this would leave insufficient time for his kiyne studies. However, gramta gathering and pulse begging are sometimes both engaged in during a single year.

Thus, the young debtera student finds himself transported from the benign enviornment of his natal parish to one in which only self-reliance and resourcefulness can secure his chosen goals and maintain his physical well-being. Ultimately, he must make a bitter choice [442] [735] between professional and material satisfaction. The profits from gramta sales, and the foodstuffs he has begged would much ameliorate his misery. Yet, in spite of his pressing subsistence requirements, the student sets aside only a minor portion of his profits for these needs. He exchanges most of these goods for money, which he retains as a fluid and durable capital with which to purchase necessary professional articles (mainly books) and to support his future commercial ventures. During the years of his kiyne studies, his assets accumulate at the rate of perhaps E$25. per annum.[25]

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[25] A significant sum where per capita gross national product is E$116. (EAS:134); E$1.=U.S.$0.40.

441 **The Alternative Career Paths.** In choosing between
[869] material and professional interests, some men forsake
*[793] their erstwhile ecclesiastical goals altogether, to apply
in secular occupations (particularly as scribes and
merchants) the skills that they have acquired or perfected
*[192] during their student days. Exemplary among these is
the kibe (butter) merchant. Occasionally, profits accumulated
by gathering and begging are invested in the
purchase of lowland butter and the means for transporting
it to highland markets. Profits earned from kibe trading
are sometimes sufficient to promise a standard of living
which exceeds that of the peasants with whom the student
trades. The student who yields to the temptations of a
full-time trading career generally establishes an annual
cycle in which a portion of his kibe profits are reinvested
in livestock for subsequent sale at regional markets.

*793 A second category of students reverses these priorities,
869 and disregards non-ecclesiastical goals altogether.
433 Such students believe that, for themselves, it is faith
in the Almighty which must sustain them in their travail.
Thus, even excusions into the lowlands are replaced
*[192] by exclusively ecclesiastical activities. Subsistence
needs are met by copying Church books for resale,
participating in the Mass in return for a portion
of the grain tithes given to the church, and dining
at baptisms and annual memorial feasts (fehitat). In

*793
869 addition, he blesses houses against ganels with readings
433 from appropriate books of the Church, and sprinkles the house with water he has sanctified with his reading and spittle.

*793 Finally, there is the largest category of students,
*756 those who choose the path of compromise and abinet. It
869 is from their ranks that the debtera-healer emerges.

THE ABINET WORKS: PROPHYLAXIS AND THERAPY

*787 Abinet are a class of recondite works directed at the satisfaction of some personal desire; their efficacy is obtained wholly or in large measure by invoking the assistance of super-humans (most often of the Church, but sometimes ganels), usually in contexts beyond those
*[755] permitted by the Church. Abinet subjects include thera-
[778] peutic performances (medhaniyt ina digam), and prophy-
*[192] lactic amulets (kitab), divinatory texts (awdunigist), academic (timhirt) abinet, other inoffensive commercial works destructive works sending sickness and other misfortunes (kifat), and techniques for forcing the appearance and cooperation of ganels (ganel gelac).

Table eight indicates the constituent techniques of each category of abinet. The remaining paragraphs of this section consider those abinet works which address the therapeutic and prophylactic interests of the deb-

*787 tera. They are described, in terms of their constituent elements and operational goals.

*793 "Herbal" therapies. Pharmacologically, the debtera's
*755 therapies are, with an exception, indistinguishable from
*778 those of the secular herbalists. Indeed, where possible,
[869] the debtera obtains new therapies from obliging secular
[539] therapists, setting them down in a book he keeps for this purpose (yisowat himem medhaniyt meshav, or hivri'i isowat). In contrast to the therapies practiced by secular herbalists, however, the debtera often supplements otherwise prosaic therapies with exotic, non-botanical ingredients (for example, owl's wing, hair from a lion's mane, blood of sheep's spleen), often employed in fumitories and libations.

*787
*755 Digam and Kitab. The digam is a syncretic invoca-
539 tion constructed from passages extracted from the Old
*[792] Testament (particularly Psalms), the New Testament (particularly the Gospels), zeyma (the litanies of the Mass), and devotional books dedicated to the saints (the lives of the Saints, the Images of the Saints); asmat, magical power derived from the secret names of Jesus and the Almighty; and requests for specific assistance.

From an operational point of view, each digam communicates five messages. 1) The digam indicates the supernaturals to whom the appeal is directed. An address

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to the Father, Son, Holy Spirit and their essential oneness[26] inevitably begins the text. Subsequently, Jesus, Mary, persons of the Old and New Testaments, and angels by name, singly or in combination, are cited. 2) The *digam* indicates the misfortune-bearing agent against which the assistance is sought. These are identified as either a category of agents (for example, *ganel*s, *buda*s, sorcerers), or as specific, named agents (generally individual *ganel*s). The *digam* also frequently indicates specific misfortunes against which protection is asked. Although a causal link is assumed, between the agents and ailments mentioned in the *digam*, the link is made explicit in only a minority of cases, as, for example, when the *ganel* *Šowtaley* is associated with childhood *aynitila* (pica). 3) The *digam* further notes the power of the supplicant's supernatural protector to bring about the desired ends. This power, traced to the Almighty, is described in numinous allusions, such as "By the strength of Your names," "He who slays, heals, makes life," "Inextinguishable Light," "Omnipotent," "Fortress," "Conquerer of Evil". Similarly, this power may be associated with analogous precedents. For example,

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[6] Reflecting the monophysite character of the Ethiopian Coptic Church.

[TEXT CONTINUED ON PAGE 161]

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TABLE 8

ABINET CATEGORIES AND ACTIVITIES

1. Abinet Categories

Key:

x=always present (x)=frequently present o=absent

	CONSTITUENT ELEMENTS					
Abinet	"Herbal Therapy"	Digam Read	Digam Write	Telsem	Manipulation of text	Other
A. Debtera therapy (preparation)	x	x	o	o	o	o
B. Kitab amulet (preparation)	(x)	(x)	x	x	o	o
C. Awdunigist divination	o	o	o	o	x	o
D. Academic abinet	(x)	(x)	o	o	o	o
E. Other commercial, inoffensive works	o	x	o	o	o	x
F. Kifat destructive works	o	x	o	o	o	x
G. Ganel-calling	o	x	o	o	o	x

TABLE 8 CONTINUED

*787 2. Abinet Activities

Letters refer to abinet categories, above

Providing disease therapy:	A, often followed by B C, then A, often followed by B G, then A, often followed by B
Providing personal prophylaxis:	B, alone C, then B
Divining:	C, alone G, alone
Assistance in learning, memory, extemporizing:	D, alone
Safeguarding property:	E, alone C, then E
Ensorcelling:	F, alone C, then F G, then F G, alone

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hemorrhaging is countered with the reference "As you curdled the might of the wind and hale," protection from the buda's eye is sought with "As you saved Joseph from the clutches of evil brigands," assistance in learning and memory notes "As You enlightened the heart (i.e., seat of the intellect) of Moses and loosened the bonds of his tongue". 4) The digam includes a petition for either an intrinsic improvement (e.g., "Illuminate my heart like the sun," "Uncover the eyes of my memory"), for his protection from external dangers ("Save me," "Conceal me"), or for the diminution of his oppressors (e.g., "Disperse my enemies," "Cast them out as anathema"[4]. 5) Finally, the supplicant is identified as faithful to the Trinity, and abject but for the assistance he asks.

In the abstract, debteras consider a digam to be equally efficacious whether it is recited or written. In a practical context, however, the contrast between the written and recited digam is significant. Since the debtera's public is overwhelmingly illiterate, they are unable to read a digam, as the debtera does. The problem of memorizing even one lengthy digam, let alone the three, four or more that the peasant carries in his kitabs (amulets), makes memorization an unlikely alternative from the client's point of view. The debtera, for his part, sees the sale of a written digam as profesionally a very different act from selling a text for

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recitation. The first is a professional service pro- *755 vided for a client, the second marks a loss of profes- *756 sional capital, since the erstwhile client would then be 539 free to transmit this knowledge to still other clients *[278] of the debtera. Thus, it is only the debtera himself who recites the digam; his recitations are generally adjuncts to the preparation of herbal therapies and the gathering or processing of ingredients which will be included in a kitab.

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539 From a medical point of view, the contrast between written and recited digam is equally important. First, there is the matter of the duration of a digam's effectiveness. In general, a recited digam must be spoken aloud daily, lest its efficacy be interrupted. The effects of the written digam, on the other hand, are continuous, so long as the text remains legible and the digam is renewed annually. Once a digam has been sewn into its kitab, it cannot be removed without losing its potency. Thus, the digam's legibility is known only indirectly, and is assumed to remain legible unless made wet; once exposed to water, it is considered no longer effective. The owner of a kitab guarantees its continued potency by burying it for a twenty-four hour period, beginning on the eve of the new year, generally beneath his threshhold. Necessary cautions aside, the effective life span of certain kitabs is sometimes no more than seven

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or nine years, depending upon the *debtera*'s recipe. Since a *digam* customarily includes the name of the supplicant, the usefulness of the *kitab* ends with the death of its owner.

Second, the recited *digam* derives its efficacy from a single, verbal, dimension. In contrast, the effect of a *digam* written into a *kitab* is amplified by a variety of non-textual elements. When written, the *digam*'s script is most often set down from left to right, in the conventional direction of written Amharic and Ge'ez. Occasionally, however, a recipe indicates that the *digam*'s effects can be better achieved if produced in another format, particularly a circular one. Another graphic device is the appearance of a *telsem*, a talismanic drawing appropriate to text, together with the written *digam*. The very materials which are used to set down *digam* and *telsem* are chosen and combined to maximize the achievement of the desired goal. The *debtera* must apply details regarding both the animal source of the parchment on which the *digam* is written (e.g., antelope, he-goat) and its dimensions, for it is often required that the parchment be tailored to the client's height. The composition and color of the ink used are a further concern. The text is generally copied in some combination of the *sebat kolmat* ("seven colors": pigments of red, blue, black, yellow, brown, new grass green, leaf green) which have

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539 been mixed together with other ingredients (such as sacramental oil, juice or sap, animal blood or urine). The recipe further states which segments of the text (e.g., asmat) are to be represented in a contrasting [824] color (usually red). Finally, the botanical variety of reed with which the text is written may be determined also.

Beyond the effects gained from the manufacture of the digam itself, the text's goals are further augmented by materials which are included in the kitab, together [237] with the digam. These include, as indicated by the debtera's recipe, botanicals, often together with such exotic ingredients as a designated number of hairs from a lion's mane. The outer cover of the kitab is made of leather, but a debtera must determine if it should come from a wild or domestic animal, and, if the latter, what its sex and color should be. The digam is sewn into this, but whether the stitch should be to the right or to the left, whether the thread should be cotton or silk, and what its color should be, must also be considered first. [801] The number of stitches to be made is likewise relevant, for numerological considerations suffuse the entire process of making the kitab. Nor are the makers of the kitab neglected; whether the debtera should be sexually continent before writing the digam, whether the cord by which the kitab is worn should be

12:Young E-4,5 (1966) 1971 MP5 Amhara MP5
Begemder

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*755 woven by a virgin or a post-menopausal woman, are fre-
539 quently relevant questions. Before giving the kitab to his client, the debtera may find it useful to recite a digam over it, perhaps accompanying this recitation with some activity, such as walking a designated numberof circuits around a church. Finally, the knowledgeable debtera can prescribe the part of the client's body where the kitab will work most effectively, on the arm, around the neck, at the groin or arm pit, whether right side or left.

782 Although laymen recite prayers which are analogous to the debtera's digams, they are exclusively verbal and without asmat. Amhara customarily pray on retiring and waking; there are also occasional prayers after meals. Prayers at home are always performed by individuals, and are directed to the Almighty, Jesus, Mary, and the saints of the Church. Prayers to the Almighty either thank Him for fulfilling requests made in previous prayers, or ask for special favors. The layman asks for protection from imminent danger and unknown enemies, for injury to those hostile to him, for wealth (especially land), good fortune, and long life; his most frequent request, however, is that his good health and that of other members of his household be maintained or restored. Prayers to saints are usually to Kidus Makael, Kidus Yowhanis, Kidus Gebre Menfis, and, particularly, the eponymous saint of the

782 supplicant's parish. Prayers to the saints ask intervention with the Almighty on the supplicant's behalf, and thank the saints for fulfilling previous requests. Although prayers are not formalized, a specific request often takes the form of a three-fold appeal during a single session, first addressing the appropriate saint, then Jesus, and finally the Almighty.

ACQUIRING ABINET

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869 A boy rarely begins his debtera career with the conscious intention of learning abinet. His first studies are acquired almost inadvertently, ahd subsequent abinet are obtained only gradually. Yet, the types of abinet which he eventually acquires are never adventitiously determined. As he collects abinet throughout his professional career, the debtera is continually guided by the ways in which he perceives and weighs his instrumental and moral interests in these studies, and by the degree to which he is constrained by the character of his professional capital. Instrumentally, a distinction is made between abinet which directly satisfy some immediate personal needs of the debtera, and those works which enable the debtera to provide a service for others without transmitting technical knowledge of the abinet at the same time. Morally, abinet are

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*793 judged directly according to their offensiveness to the
869 Church, and indirectly according to the availability of
morally more acceptable alternatives. Professionally, the acquisition of abinet is guided by the quality and size of the debtera's capital, and of his ability to utilize abinet which are available to him.

*755 **The First Abinet.** With few exceptions, a student's
*787 first abinet acquisitions are herbalist therapies and com-
*793 plementary digams. These early therapies address the
869 most persistent threats of his environment, ikek (scabies), saal (cough), and kurtimat (joint pains). In addition, the student frequently obtains the recipe for a stimulant which ostensibly increases his acuity for learning kiyne.

*787 These first abinet studies are generally gifts,
*793 since a student rarely possesses anything beyond defer-
572 ence and abjectness with which he can appeal to a poten-
431 tial donor. He has two sources from which he can obtain
869 this knowledge. The first is a gwadeña or sympathetic balinjera. Among a student's fellows, he has a single special friend, whom he calls gwadeña. The gwadeña is his constant companion, who begs for ego when the latter is too sick to get his own food; he is completely trustworthy, and, with the exception of his money reserves gained from gramta sales and the like, whatever he possesses is at ego's disposal. The relationship is sym-

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*793 metrical; it is also characteristically brittle, and
431 rarely lasts beyond attendance at the kiyne school. A
572 student's balinjeras are, literally, his mess-mates.
869 They form an exclusive group of peers, reliable confidants
*[192] pledged to cooperation. Beyond the circle of balinjeras,
all students are implicitly towdaderiys (rivals). Between both gwadeñas and balinjeras favors are expected
to be freely given and no formal accounting kept, although the latter are less committed to sharing than are
the former. Because the new boy's gwadeña and balinjera
are, like himself, in the first two years of the kiyne
curriculum, the abinet repertoire of either consists of
few studies, and these with little or no magical content.
Ego's second source of abinet is an older, more knowledgeable student, who has been made aware of the novice's
*[192] difficulties, and is willing to help. The relationship
between the donor and recipient here is perceived as an
exchange between radat (benefactor) and taraj (beneficiary). The new boy is abject, he is without power, and
faces immediate dangers and difficulties. By his gift,
the donor dramatizes a status difference between himself
and novices in general, differences based on the culturally significant contrast between power and dependency.
The recipient, by his deferential behavior, validates the
donor's self-image.

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869 Students who are more advanced in abinet studies consider the novice's acquisitions to be trivial and inocuous, because their goals are modest and they lack significant asmat. The young kiyne student, however, puzzles over whether these studies involve the coercion of supernaturals of the Church, instead of the humble and supplicatory attitude he wishes to express. Thus, the student often grows uneasy concerning these first acquisitions, and many, unable to reconcile their material and moral interests, go no further in their abinet studies. For the others, however, the pragmatic advantages of the abinet continue to stimulate their acquisitive interests. Once more, the student regards his powerlessness, his lack of mundane protectors and less controversial alternatives, to be particularly important; here, he considers it to legitimize the use of minor abinet. The student supports this perspective by emphasizing that the abinet are confined to his own immediate needs, and never used as a commercial service for others. Finally, by participating in the Mass and ecclesiastical scholarship, he expects to mitigate any taint acquired through these abinet activities.

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539 After one or two excursions into the lowlands, the young student who has already accomodated himself to the use of personal abinet comes to intensify his interest in prophylactic works, particularly digams. He seeks pro-

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*787 tection against *ganels* (but as a category of agents,
*793 rather than as named individuals), against the *shifta*
539 bandit, and against the wild animals of the lowlands.
The prophylactic *abinet* that he acquires, although short
on *asmat*, perhaps lacking *telsem*, and with few magical
[437] features of manufacture, he works into *kitabs*. While
[241] the student's initial stimulus for collecting these
abinet is his own immediate needs, he is nonetheless
aware of the commercial value of such *abinet*, in the
form of commercial services for lowland peasants.

*793 Relatively few experienced *debteras* pay visits to
484 the *kola* lands. The lowlands, considered unhealthful
and dangerous by highlanders in general, are still less
appealing to the mature *debtera*. He deprecates them for
the absence of ecclesiastical establishments, and fears
them for what he believes to be the *shifta*'s predilection
*755 for robbing and murdering *debteras*.[27] In lieu of more
*793 expert services, and attracted by the moderate costs, the
437 lowlander is often anxious to purchase *kitabs* from visit-
484 ing students. The students, in anticipation, prepare a
539 score or more of *kitabs* before traveling to the lowlands;

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[27] *Debteras* attribute the *shifta*'s murderousness to his fear of subsequent magical revenge by the *debtera*.

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*793 a blank space is left on each *kitab*, to be filled in la-
437 ter with the client's name. In general, the student
484 initially sells *kitabs* to the lowlands to assist him in
539 gathering agricultural products. The *kitabs* are purchased with either crops or services, and only infrequently with money. The peasant's services include recommending the student's *kitabs* to his neighbors, safe storage of the goods which the student has collected, and lending draught animals to bring the student's sacks up to the highlands. Sometimes, enterprising students arrange their visits in order to obtain payment in cotton, a relatively valuable product which *debtera* students are unable to obtain otherwise.

*793 The student's experience selling *kitabs* in the low-
*787 lands has a significant effect on the course of his sub-
848 sequent *abinet* career. First, his *abinet* interests are
[437] redirected. His previous acquisitions were *abinet* which served an immediate personal interest, and whose commercial value was adventitious. These commercial successes, however small-scale, frequently stimulate the student to obtain *abinet* which have an exclusively commercial value. Interest in personally useful *abinet* by no means ends during this period, however; often it is accelerated by the student's changing attitudes to the practice of *abinet*. There is a tendency to now perceive his moral interests as less opposed to these works than he had pre-

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*793 viously conjectured. Concomitantly, he renders these
869 works morally acceptable by emphasizing their inoffensive goals and the divine and untainted sources of their abinet powers. Thus, he seeks more specialized academic abinet, from among those studies which enable him to learn quickly, or retain what he has learned, or extemporize well, or master any one of the ecclesiastical subjects of the debtera's curriculum.

*787 Second, the student's commercial success often con-
*793 vinces him to give up entirely his earlier economic ac-
869 tivities. In part, he is persuaded by the economic re-
437 wards of writing kitabs, since the profits can equal those obtained from selling kibe, while requiring neither the great capital outlay nor capital risk which characterizes kibe trading. Equally significant is the young man's pride in his publicly acknowledged abinet powers. He begins now to consciously assume a new identity as a self-sufficient manipulator of human and supernatural forces, a self-image which contrasts so obviously with the mendicant and passive character of his earlier years.

Third, he is able to accelerate the accumulation of a modest reserve of money. With this, he can purchase relatively specialized abinet, generally from fellow stu-
*787 dents who already own important studies. Before this
*793 time, the student could obtain relatively valuable abinet
869 only from a knowledgeable debtera who was prepared to act

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*793 as his *radat*. In practice, this *debtera* is usually the 869 student's *memher* (ecclesiastical teacher), since the stu- *[192] dent cannot simultaneously serve two *debteras*, the *memher* and an *abinet* teacher, without offending the pride of both. Occasionally an enthusiastic collector of *abinet* may serve under a *debtera* in order to learn only *abinet*. Under these circumstances, both student and teacher maintain the pretext that the *abinet* collector is but another of the *debtera*'s ecclesiastical scholars. In both situations, the *abinet* subject is learned only gradually, as the *radat* releases it, secret by secret, over a period of weeks or even months. The student, for his part, may be expected to provide confidential assistance in support of the *debtera*'s *abinet* activities (sometimes involving *kifat*, offensive *abinet*), to act as his mentor's *medhaniyt korac*, or, less often, to provide substantial agricultural services, such as ploughing.

As a *debtera* student grows older and advances in his ecclesiastical studies, he finds it progressively [484] easier to acquire new *abinet* studies. By then, he has travelled extensively over the network of monasteries and famous churches which are scattered over the northern plateau. In the course of these travels, he has made the acquaintance of many *abinet*-practicing *debteras*, and consequently a great variety of *abinet* studies have become potentially available to him. At the same time, he

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*793 is better able to obtain new *abinet*, since his own growing
869 repertoire increases the possibility of arranging
*[278] *abinet* exchanges with other *debteras*. Moreover he is
better equiped to utilize them; he has learned much of
the Ethiopian herbal pharmacopeia, and is able to identify
botanicals by the Ge'ez nomers with which they are
frequently designated in the recipes of *abinet* therapies
[198] and *kitabs*. Similarly, his mastery of Ge'ez makes possible
the acquisition of complex *digams*.

75 In addition to acquiring individual recipes, *debtera*-healers
639 also seek out encyclopaedic treatices.
*[192] These are inventories of recipes, bearing Ge'ez titles
such as "book of medicine for diseases for all parts of
the body" (*metshafe medhaniyt lekwiylown deweyate
akalat*). In these books, recipes are grouped according
to diseases; the diseases are, in turn, classified according
to the part of the body that they affect, arranged
[177] from head to feet. Stefan Strelcyn (1965), after
close examination of four such manuscripts, has commented
on the substantial uniformity of their contents and the
remarkable similarities which they share with the third
and fourth books of Avicenna's *Canon of Medicine*.

*793 While such treatises contain hundreds of recipes,
*755 their significance for the practice of Abyssinian medicine
*756 is limited by the character of their pathogenic interests.
As seen by his clients, the *debtera*'s thera-

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*756 peutic forte is the treatment of serious, non-acute
*793 ailments which are traced to purposive causal agents, generally sorcerers and ganels. On the basis of Professor Strelcyn's description of encyclopaedic treatises, however, it appears that the overwhelming number of their recipes address ailments which are trivial or for which equally effective secular therapies are available. A commercially valuable recipe (one addressing an ailment for which the debtera's professional ser vices are commonly obtained) is, then, generally acquired individually, often after its efficacy has been established to the satisfaction of the recipient (vide Chapter Five).

*756 Typically, the debtera's abinet repertoire expands
*787 to include representative studies from the entire range
*793 of commercially valuable and inoffensive abinet. Disease therapy and prophylaxis constitute only a portion of these works, although perhaps the greatest. These abinet include 1) therapies and prophylaxis, including digams against named ganels who are associated with specific ailments or specific pathogenic circumstances, 2) "academic" abinet, 3) protection against physical assault by human enemies, 4) safe guarding of agricultural interests, 5) countering the diminution of the client's property and fostering its legitimate increase, 6) gaining honor and respect (makver) for the client, 7) protecting the

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*787 client's conubial interests, and 8) enabling accurate
*793 divination through dreams.[28]

DIVINING WITH *AWDUNIGIST*

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*787 More than anything, it is the ability to manipu-
*793 late *awdunigist* texts on behalf of a client that communi-
539 cates a man's transition from an amulet writing student serving lowland peasants with a few simple *kitabs*, to a weak (*tiniš*) *debtera* providing services to a highland
*[192] public. According to those *debteras* who have not accompanied him along the *abinet* path, such a *debtera* has now become a "*tonkway*", a "seer" classified together with the heterodoxical and despised *balazar*, tarnished by the proscribed manipulation of supernatural powers. These clerics consider the use of *awdunigist* objectionable,

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[778] [28] Written *digams* and *kitabs* are largely confined to contingencies for which the client carries the amulet on his person. A client's agricultural interests (for example, protection from locust, birds, and rodents), in contrast, are safeguarded otherwise. Here, the client's fields are often sprinkled with the *debtera*'s infusion, over which *digams* have been read. In addition, a portion of the infusion is placed in a vessel and secreted among his fields, in order to secure sustained protection. Analogous *abinet* are worked for the client's other property interests (for example, safeguarding from theft).

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because it assumes that forces other than the Almighty can direct man's life on earth. In addition, assertions are sometimes made which link awdunigist to satanic origins and, with more justification, to offensive applications. The awdunigist-using debtera, however, generally ignores this theological question and regards these texts in an exclusively technical context.

During the years that a debtera accumulates the abinet works discussed in the preceeding section, he also acquires awdunigist texts. These texts are a variety of abinet, with which the debtera divines the client's real needs, present and future. Using awdunigist, the debtera is able to maximize his abinet resources, to select those works best suited to the client's revealed needs and most effective in concert with one another. Since the major part of the debtera's abinet services are prophylactic (mainly in the form of kitabs), and since the client's own divinatory techniques are relatively uninformative and often unreliable, it is the debtera himself who must generally prescribe prophylaxis. Thus, it is mainly through owning and manipulating awdunigist texts that the debtera enjoys the opportunity for the commercial exercise of his prophylaxes.

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Before describing the content and use of awdunigist texts, it is necessary to first consider lay divination through dreams, indicating both its practical limitations

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*793 and its complementary relationship to consultation with
539 the *awdunigist*-using *debtera*.

*787 *The Hilimefoc*. Dreams occur as either *kijet* or *hilim*. A *hilim* is an intelligible narrative whose prosaic events and recognizable persons, if properly interpreted, reveal useful information about the immediate future. In the *kijet*, bizarre happenings and strange actors frighten and distress the dreamer, and whose content yields no useful information. The lexicon of
*(192) *hilims* is public knowledge. However, older laymen of either sex, are considered more knowledgeable in this regard, and the title "*hilimefoc*" ("dream interpreter") is generally limited to them.

Hilims contain information about a variety of subjects, including prosperity or poverty, enmity and friendship, honor and respect, marriage and divorce, the birth of children, and changes in residence. Dominant among the themes appearing in *hilims* are questions regarding misfortune in general, and physical well-being in particular. A *hilim* message indicates, first, the character of the future event, and, second, the person to whom the message refers. Six specific events are relevant to an individual's medical interests: 1) specific ailment, 2) illness, 3) death by causes unspecified, 4) *ganel*-caused misfortune, 5) human danger, 6) unspecified misfortune.

*787 In most hilims, the projected event is considered relevant to the individual who performs the characteristic activity in the dream, rather than to the dreamer *[172] himself. Thus, if Berey dresses her hair with kibe in Asfow's dream, it is Berey who is threatened with saal (cough) and gulnfan (catarrh). Only in the case of hilims projecting death, are dream motifs conventionally associated with a category of persons, regardless of who actually appears in the dream; here the predicted dead man may be the dreamer, his primary relative, or an unspecified kinsman.

A hilimefoc is consulted when the dream message is ambiguous in some way, or the layman wishes an expert opinion regarding the meaning of a series of messages ostensibly referring to a single individual. Since hilims frequently reveal a dreamer's vulnerabilities, the layman consults only a hilimefoc whom he trusts to respect his confidence. Inevitably the messages are very general, and frequently they contradict one another. Only a very small number of specific ailments are matched by specific hilim motifs. Moreover, these motifs are not nearly so well known as those for the more general prognostications of hilims, and are therefore likely to be passed over as meaningless by the dreamer. Thus, hilim messages are insufficient to designate specific prophylactic goals for the layman. Rather, they tend to pro-

*787 vide a *stimulus* for the layman to obtain the services of
an *awdunigist*-using *debtera*; this is particularly true
when messages are redundant or corroborated by other
kinds of information. Appendix C provides examples of
hilim motifs and messages.

*787 Infrequently, an ecclesiastical student who is begging
*793 for food will deliver a spontaneous prediction
(*imeninant*), before the house of a prospective donor.
*(192) These predictions duplicate the range of *hilim* messages,
and refer to members of the household.

*787 *The Awdunigist Texts*. "*Awdunigist*" refers to a
*793 category of texts with which a *debtera* divines by means
539 of arithmetical calculations. Each text is divided into
two parts. The first specifies information which is required
for the *debtera*'s calculations; the second contains
the information which the *debtera* seeks, and is
arranged as a series of numbered entries, only one of
which is appropriate to the *debtera*'s input information.

The categories of input information are:

*787 *Names*. Each letter of the Amharic syllabary is
*793 given a set numerical value, which like all input values,
539 remains constant for any *awdunigist* text used. Using
551 these numbers, the *debtera* converts each input name to
the sum of the values of its constituent letters. Ego's
autonym is almost always required; his father's autonym
(which is ego's patrinym) and mother's autonym are fre-

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*793 quently required. Depending upon the contingency being 539 investigated, the names of other individuals may also be [551] included; for example, in divination concerning litigation, the judge's name is asked.

[805] Dates. The Amhara group years into cycles of four, *(192) naming each year after one of the four evangelists. Thus, 1956 is the year (zemene), of Yowhanis, 1957 of Matiyows, 1958 of Markows, 1959 of Luwkows, 1960 of Yowhanis, and so on. Each year is assigned a numerical value (for example, zemene Yowhanis is two). Months, days, and diurnal count (day is six, night is fourteen) each are numbered.

[823] Directions. Each of the eight cardinal and intermediary points is numbered.

The numerical values of all required input information are totaled, and this total is then divided by a factor indicated in the text. The debtera's goal is the numerical remainder of this division; it is this figure that indicates which of the text's numbered entires is relevant to the subject (that is, the person about whom the debtera is divining).

*787 Broadly speaking, there are two categories of *539 awdunigist texts. The first consists of largely redun- *(192) dant "astrological" (kokob) texts. These texts are based on the assumption that the course of any person's life on earth can be revealed by learning with which of twelve

*787 539 stars his destiny is linked.[29] For this, the *debtera* must know the subject's autonym, the year (*zemene*) and month of his birth, and whether he was born during the day or night; division is by twelve. Here, the text indicates both the name of the subject's star, and a variety of information relevant to all people who are bound to *[753] this star. Among this information, the following medical data figure prominently: 1) Prophylactic and diagnostic notations specifying the ailments and pathogenic *[755] agents which threaten the subject; 2) prophylactic notations regarding the manufacture of the *kitab*, its appropriate *digam* (indicated by generic title), and the construction of an effective *telsem* most appropriate to the [782] subject; 3) therapeutic notations regarding pharmacology *[278] and the choice of suitable sacrifices (indicated in terms of color, combination of colors, animals, combinations of animals, substitute animals).

The text further stimulates and focuses prophylactic interests, by indicating the following concomitants of illnesses which threaten for the future: 1) The days,

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[29] Stars one, five and nine are identified by name with fire; two, six, and ten with earth; three, seven and [193] eleven with air; four, eight and twelve with water. *Debteras* trace the origins of *awdunigist* variously to the court of Solomon and to certain monasteries of medieval Ethiopia.

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539 months, and years (zemene) which are non-propitious for the subject's well-being, 2) the age to which the subject will probably live and the age (always markedly longer) to which he may live if appropriate prophylaxes are employed, 3) bad omens (often indicated as a color of men, animals, or land), 4) dangerous places and environmental conditions. (The text likewise indicated propitious dates, omens, and places.) In addition, the text describes the subject's social persona and the responses it will (eventually) elicit from the people with whom he interacts.

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75 While the kokob text addresses a variety of interests, the texts of the second awdunigist category are more specialized. From a medical point of view, these texts can be divided into the following six types, according to the services that each provides:

1. These are exclusively medical texts, providing detailed information of prophylactic, diagnostic, and therapeutic utility, and coinciding with the range of medical interests considered by the kokob text. This information is relevant to the period specified by the debtera in his calculations.

[776] 2. These texts name the saints, angels, and biblical persons who are particularly disposed to assisting the subject. Although this information is not exclusively of medical relevance, it is useful for constructing the

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kitab and addressing personal petitions by the client.

3. These texts provide prognosis for the subject's (unspecified) ailments. Prognoses are generally given as combinations of the following oppositions: a)life : death, b)(if life,) complete recovery : lingering ailment or disability, c)(if complete recovery,) rapid recovery : slow recovery.

4. These texts indicate medical information, generally specifying pathogenic agents and named ailments, which threaten this subject during the period specified by the *debtera* in his calculations. The information is, however, cursory and often mixed with matters of no real medical significance.

5. These texts provide general indications of the dangers and misfortunes which threaten the subject, but fail to indicate whether these misfortunes affect the subject's health. Such texts enable the *debtera* to inquire about periods (year or month of a specific year) which are of special interest to the *debtera* and his client. Here, the *debtera* includes in his calculations the numerical values of the year or month and year about which the inquiry is being made. Often, these texts also indicate what segment of the specified period is particularly threatening.

6. These texts provide no information of likely medical importance, but consider matters such as propi-

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539 tious occupations, journeys and marriages (thus paral-
75 ling information also given in the _kokob_ text).

Appendix D provides illustrations of medically relevant information which can be obtained from _awdunigist_ texts.

*787 In the main, a _debtera_ acquires _awdunigist_ texts
*278 individually, just as he collects _digams_, _kitab_ recipes,
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*793 and herbalist therapies.[30] _Awdunigist_ repertoires there-
539 fore vary in comprehensiveness from _debtera_ to _debtera_.
*787 Moreover, "definitive" versions of _awdunigist_ texts are
539 unknown; whatever their common origins may have been, ex-
178 tant texts are probably unique products of many adventi-
437 tious deletions and additions. Deletions are most likely when texts are transmitted from seller to buyer. At that time, details are sometimes withheld by the seller, in order to secure additional payments, or as a bond

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[30] Over the last three decades, the accessibility of _awdunigist_ texts has been affected by the publication, in Asmara, of a collection of these texts. Most are in Amharic, but perhaps a quarter are in Ge'ez entirely or in part. Although many _debteras_ demean these texts, they are in fact used, particularly by "weak" _debteras_. Public illiteracy, ignorance of the book's existence, of where it can be obtained, of the precise manipulations it requires, together with the limited utility its contents hold for the layman, and the fear of putative satanic associations have prevented its diffusion to the _debtera_'s public, however.

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178 against continued services from the buyer. This prac-
437 tice occurs, in fact, in the transmission of all cate-
539 gories of debtera works. For example, while relating therapeutic information, the seller may indicate that he has omitted an ingredient, or he may identify it with an ambiguous or obscure nomer. Should the would-be purchaser subsequently fail to satisfy the owner, the incomplete therapeutic notation must be deleted from the text. On the other hand, debteras frequently add information to texts, first inserting it as marginalia and then, once its efficacy has been accepted, including it within the text when recopying or transmitting it.

CHAPTER FIVE

CONCLUSION: THE POWER TO HEAL

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This chapter considers the attribution of differential healing powers to Amhara healers by their public. The analysis focuses on the *awakiy debtera*, as the Amhara model of a powerful healer, and the standard against which other practitioners are measured. The chapter is divided into three sections, each of which considers an aspect of the *debtera*'s healing powers. The first section describes lay perspectives of the *debtera*-healer. Laymen trace the *debtera*'s abilities to notions of generic power, ostensibly derived from *ganel* familiars. The second section considers the *debtera*'s relations with *ganels* as he in fact experiences them. The significant technical and moral differences between the real ties and those misconceived by laymen are indicated. The final section examines the real sources of the *debtera*'s medical superiority, and finds them in the unique professional advantages which he enjoys.

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THE LAYMAN'S CONCEPTION OF THE *DEBTERA*'S HEALING POWER

Technical Considerations. The *debtera*'s public explains his medical superiority over secular practitioners in terms of the *technical* differences which they perceive

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between the works performed by the two categories of healers.[31] Laymen conceive the *debtera*'s healing powers as the product of his knowledge of *asmat*, possession of *awdunigist*, and intimacy with *ganel* familiars. Although the layman recognizes that his own knowledge of these matters is inexact, he assumes that the *debtera*'s use of *asmat*, *awdunigist*, and familiars can be synthesized into an integral body of learning, skills, and practices. Two types of syntheses are believed possible. The first of these characterizes the "weak" (*tiniš*) *debtera*, already discussed in chapter three. This *debtera* lacks demon familiars, but he can perform *awdunigist* calculations and he possesses sufficient *asmat* to provide prophylactic amulets and a number of therapies. However, his prophylaxes are easily breached by powerful sorcerers or determined *ganels*, and his therapeutic powers do not exceed those of secular herbalists. The second synthesis characterizes the *awakiy debtera*. Here, the *debtera*'s professional title signals the possession of *ganel* famili-

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[31] The layman's belief in the medical superiority of the *awakiy debtera* is asserted verbally, in the context of herbalist chains, and in the impressive fees paid to the *debtera* (for therapy, ten times and more the amount paid to a secular healer; for prophylaxes, fees between E$50. and E$300. are not uncommon).

*756
*793 ars. The weak *debtera*'s *asmat* are finite, prosaically
*759 acquired, and mainly limited to prophylactic applications; the *awakiy debtera*, through his daemons, has unlimited *asmat* resources. These *asmat* are equally effective in meeting prophylactic, therapeutic, and offensive ends, and are well beyond the abilities of any secular persons. Thanks to his *ganel*-tutors, the *awakiy debtera* divines with precision and reliability much greater than those of his lesser colleagues. In addition to using *ganel*-taught *asmat*, the *awakiy debtera* can employ his daemons directly, particularly in offensive contexts.

Thus, the technical superiority of the *tiniš debtera* over the secular healer is restricted to speculative readings for the future, and to prescribing and manufacturing prophylactic *kitabs*, since it is only in these areas that his ecclesiastical skills, *awdunigist* reckonings, and limited *asmat* provide him with a clear advantage. In contrast, laymen recognize the technical superiority of the *awakiy debtera* in diagnostic, prophylactic, pharmacological, and therapeutic contexts. The remainder of this section discusses the technical advantages which the layman believes the *awakiy debtera* enjoys over the secular healer.

Diagnosis by the secular healer is inevitably weak, since it tells relatively little about the sickman's ailment that is therapeutically useful, or that was unknown

*756 *773 *759 prior to professional consultation. Rather, it comments incompletely on the appropriateness of a therapy already applied, choosing between "household diagnosis is correct", and "household diagnosis is possilby incorrect". On the other hand, the *debtera* diagnoses by means of *awdunigist*, and can provide information concerning the choice of an effective therapy. Moreover, the *debtera* is generally consulted for serious ailments, many of which are identifiable as cases of poisoning (*mers*) or sorcery (*sray*) which have been instigated by a human enemy of the sickman. Here, the *debtera* diagnoses not only the correct disease-name, but also indicates the [751] probable identity of the malfactor.[32] Beyond its incidental therapeutic value, this is necessary for preventing the future occurence of this syndrome or an analogous one, by directing prophylaxis against the pathogenic agency and counter-measures (i.e., physical or magical assault, change of residence, or reconciliation) regarding the sickman's human persecutor.

*[787] [539] *Awdunigist* addresses a client's congenital vulnerabilities, whether or not these have been actually

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[32] The *debtera* "assists" in identifying this individual, by indicating various characteristics, but does not actually name him.

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*756 breached. Thus, the information it provides regarding
*793 pathogenesis is equally relevant and detailed for pre-
*[789] scribing prophylaxis, as it is for selecting therapy.
[539] The secular healer, in contrast, is unequipped to pre-
scribe prophylaxis, except for the inconclusive and pre-
[751] liminary indications given by the hilimefoc. In addition
to prescribing prophylaxes, the debtera provides protec-
tive kitabs for a great variety of medical contingencies.
Among secular healers, only the tokwariy (tattooist) is
[304] able to perform prophylactic works, and these provide
[751] very imperfect protection against only a small number of
ailments.

*755 Laymen assess differences between their own medical
*756 procedures and those of debtera-healers most precisely
*757 with regards to the preparation and administration of
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*793 therapy. Most details regarding the preparation and ad-
ministration of the debtera's medical works are unavail-
able, directly at least, to the layman. In these areas,
he perceives the debtera's medical works by means of a
series of semblances, linking the "asmat" (magic) which
appear in secular therapies with the esoteric activities
the debtera is known or assumed to perform in his own
*[278] therapies. Among the important "asmat" of secular thera-
*[787] pies are the use of prescribed instruments for gathering
and processing of medicaments, the special condition of
the gatherer, the numerological content of pharmacology

*756 and therapy, the verbal elements of prophylaxis and
*757
*759 therapy, the format of supplicatory prayers and the ends
*793 to which they are directed. Significantly, the debtera's
*278 entire public is familiar with these semblances, for
*787 Amhara society has not developed separate professional
and lay cultures with regards to secular healing. Nearly every layman owns one or more professional therapies, or is familiar with the special pharmacological features of several therapies belonging to other laymen.

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*757 The attitude of the secular healer towards his
759 therapy is essentially passive. From his perspective, the therapy is an immutable composition; its elements of asmat are individually unintelligible, and are sorted into combinations by rote. The layman's medical powers are specific, for they are limited to exclusively therapeutic applications; moreover, they are fixed, since they are relevant to a small number of named and etiologically
*755 unrelated ailments. In contrast, the debtera's attitude
*756 towards his repertoire of medical knowledge is recog-
*793
nized as active and manipulative. Through his daemons, he has access to unlimited asmat; what is more, he knows the lexicon of this magic and understands the syntax of therapeutic combinations. Thus, he is able to produce a great variety of therapeutic statements, each tailored to the specific vulnerabilities and needs of his client. The debtera is believed to own powers of very general

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*764 application. In a medical context, he is adept in all
*793 but the chirurgeon's domain, and his works are perceived as strong. In addition to therapy, he is an expert diag-
[754] nostician, and giver of prophylaxis. Finally, the debtera's medical powers are perceived as only an aspect of the more general powers he possesses, and which he displays in various non-medical works affecting property, interpersonal relations, and, importantly, the sending of illness.

*756 Reconstructing the Debtera's Biography. Laymen find
*793 confirmation of the putatively necessary ties which bind
732 debtera to ganel in the relatively high proportion of physically aberrant debteras. Laymen explain these disabilities as evidence of the mischief played by the capricious ganels on their debtera partners. While debteras constitute only a minute portion of the highland population, they are a highly visible one. Debteras, particularly abinet-practicing ones, tend to live in towns. There, they advertize their presence for the multitudes, during the performance of the Mass, in the churchyard conversing among colleagues, or as a center from which their students circulate on their daily begging. For the layman, the appearance of achondroplastic, pituitary, and tubercular dwarfs, of cripples with shrivelled limbs---all professional confreres and all living within the radius of two or three miles---bears impressive wit-

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*793 ness to the *ganel*-tainted character of the *debtera*.

732 The layman simplifies the *debtera*'s career by sup-
*756 posing that most *debteras* (certainly the *abinet*-prac-
*793 ticing ones) are former priests, men who broke their
priestly vows by committing adultery. Impelled by shame to leave the natal community along a path of increasingly sinful deeds, they are morally spoiled even before becoming *debteras*. In reality, only a very small proportion of *debteras* have been recruited this way, for such men are generally ill-suited in age, intellect, and temperament to the lengthy, arduous, and often demeaning apprenticeship required of the *debtera*. The breaking of priestly vows, is, in addition, a very serious matter, and few men would have the temerity to mock the supernaturals of the Church a second time.

TECHNICAL AND MORAL ASPECTS OF *GANEL*-DERIVED POWER

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*793
*755 The layman's distinction between fragmented secular
776 healing powers and the generic power of the *debtera* is
based on the misconception that the complicity of *ganels* stands behind the *awakiy debtera*'s medical superiority. In reality, the *debtera* acquires his repertoire of herbal therapies, *digams*, *kifat* recipes, and *awdunigist* texts individually or in small numbers, from fellow practitioners. Further, although the ties between an *awakiy*

*756 *793 *755 776 *debtera* and *ganels* are real enough, they do not conform with the layman's notions of intimacy and friendship. Rather, they are either 1) specific and impersonal, in the case of offensive works (*kifat*), or 2) episodic and manipulative, in the case of *ganel* pulling (*sabiy*).

The following paragraphs of this section describe these *abinet* activities which involve the complicity of *ganels* and consider them in terms of instrumental value and moral significance to the *debtera*.

*753 764 *[192] *Kifat Works*. *Kifat* (literally "evil") works are *abinet* which send illness, death, and other misfortunes onto selected victims. Illnesses caused by *kifat* works are inevitably serious, and coincide symptomatically with ailments that have non-*kifat* work etiologies. They fall into three categories. The first includes ailments which are characterized by combinations of severe and prolonged stomach pain, nausea and vomiting, headache, diarrhea, fever, and *kijet* (nightmares); these ailments are difficult for the layman to diagnose correctly; they are resistant to secular therapy, and are all considered potentially mortal. *Kifat* works of the second category produce *ibidet* (madness), and are expressed symptomatically as compulsions to either wander about aimlessly, or to sit incoherently in a single place. *Ibidet* is also caused by *mers* (poison potions), for which *kifat* work

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754 owning *debteras* (as well as occasional laymen) possess
recipes. The third variety of pathogenic *kifat* works
[842] sends sexual maladies. Sterility, considered a very
[833] serious ailment, is sent to women only. Impotency affects both sexes; it is experienced by women as uncontrollable crying when approached or touched by any man, and is often confused with *aynitila*.

754 The most commonly owned non-pathogenic *kifat* works belong to a category known as "*amderab*". These works enable the operator to send onto his victim's house and fields misfortunes of fire, water (as destructive hail and rain storms), earth (as rains of stones and clods), air (as destructive winds), and putrification (as noxious odors). Other non-pathogenic *kifat* works have a domestic aspect (e.g., prepared foods are continually spoiled, food stores are consumed at an unnatural rate, servants grow discontent with the master's household, and domestic animals wander away); a mercantile aspect (e.g., trading rivals find it difficult to sell their goods, rival *talla* sellers find their newly prepared beer turning to a pitch-like consistency); or bring misfortunes at the hands of other human agents (e.g., the victim's son is made a wastrel, *kenezereña*, the victim repeatedly and unintentionally incurs the enmity of people, the victim exposes himself to ambush by enemies).

At its simplest, a *kifat* work requires a recitation, concomitant with the manipulation of prescribed materials. The recitation consists mainly of strings of *ganel asmat* names, repeated a prescribed number of times, in conjunction with the victim's name.[33] Significantly, the recitation includes no information about the operator (or his client), and is devoid of the supplication and contriteness which characterizes the *digams* of inoffensive *abinet*. The materials and accompanying activities of the *kifat* work replicate the familiar dichotomy between "contagious" magic (e.g., pathogenic *kifat* works often call for a sample of the victim's hair, clothing, or feces) and "sympathetic" magic (e.g., "Cut him as I cut this stalk," "Twist his guts as I twist this root).[34] Pathogenic *kifat* works are sent in either of two ways. In the first, a malady is sent from a distance, and the *kifat* work operation ends with the recitation and manipulation of the materials at the *debtera*'s rooms. Such

[33] Frequently, this is a multiple of the numbers associated with the *asmat* names of inoffensive *abinet* (e.g., seven times seven repititions).

[34] Often, the symbolism of *kifat* works are more obvious to the operator, than is the case with inoffensive *abinet*.

754 *kifat* works require special conditions of the operator, generally that he remain chaste for a designated period prior to the operation, and often require that the *kifat* work is performed in a room where no sexual relations have taken place. In the second type of pathogenic *kifat* works, recitation and manipulation are followed by burying the materials (*denkero*) close by the victim's place of sleeping and eating, generally beneath the threshhold of his hut. Non-pathogenic *kifat* works are sent from a distance only.

*787 754 539 Competence in the use of *awdunigist* texts is considered a prerequisite for the effective use of *kifat* works, and laymen are well aware of the anti-therapeutic uses of these texts. If attack by a *kifat* work is to succeed, information must be obtained beforehand regarding the special vulnerabilities of the intended victim. For this information, the *debtera* turns to *awdunigist*, reading it just as he would for a client, noting periods of danger, ailments, misfortunes, and pharmacological information. This information is used to select an appropriate type of unhappiness; in addition, it indicates effective materials for the operation of the *kifat* works, particularly regarding characteristics of animals to be sacrificed or whose organs are to be used.

*756 *793 754 *Acquiring and Using Kifat Works*. The considerations which influence a *debtera* to acquire inoffensive *abinat*

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*793 754 studies are likewise persuasive regarding the collection of *kifat* works: The *debtera* is threatened by serious dangers, and he lacks an effective, less controversial alternative. Thus, his early acquisitions of *kifat* works are intended to be an implicit threat against those student rivals (*towdadariy*), who would assault and ruin him by magical and mundane means. A man generally begins his repertoire of *kifat* works before leaving the *kiyne* school. Once begun, there are strong inducements to expand it, since a repertoire of *kifat* works can be effective, particularly against students knowledgeable in *abinet*, only if it includes works sufficiently varied to threaten the intended victim's prophylactic defenses. Subsequently, an extensive repertoire of *kifat* works remains a valuable asset for a *debtera* who is developing a commercially remunerative *abinet* practice. The threat of sanctions by *kifat* works is his ultimate guarantee for the honesty of other *debteras* during abinet exchanges. Similarly, the threat of *kifat* works guarantees payment [426] by laymen for the *debtera*'s services. Often, these services extend beyond the performance of *abinet* and include the lending of money at interest.[35] Finally, *kifat* works

[35] Capitalizing on his cash reserves, *awakiy debteras* sometimes lend money, customarily at an interest rate of 30% for three months.

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*793 are considered attractive increments to a man's *abinet*
754 repertoire, for subsequent exchanges with *debteras*, and as remunerative services for clients (although by no means all owners of *kifat* works offer them as a commercial service).

A user of *kifat* works identifies the potentially immoral aspects of such works as the invocation of *ganels* and sending of misfortunes. However, he perceives his own use of *kifat* works as morally neutral and pragmatically justified, analogous to more prosaic techniques, such as the use of firearms: The invocation of *ganels* is perfunctory, and implicates neither *debtera* nor client in any personal way. The *debtera* conceives *kifat* goals as either defensive or retributive, in either case legitimate. Where *kifat* works are offered as a commercial service, the *debtera*'s perspective is confirmed in two ways. First, the client seeking his *kifat* services inevitably provides a self-seeking reconstruction of the difficulties that obliged him to seek this assistance. Further, *debtera* and client explicitly consider the degree of injury which would be commensurate with the offense of the chosen victim; whether it should be a mortal ailment, a painful lingering sickness, or a property loss; whether it should be visited on the principal offender, his

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*793 child, or his livestock.[36] (In reality, the client's
754 selection is more likely to be determined by considerations of cost than of casuistry.) The debtera may further dissociate himself from the morality of a particular episode, by giving the client the sorcery bundle, with directions for its use. The debtera owning kifat considers the transmission of kifat knowledge during abinet exchange to be more fraught with moral danger than his use of it. To preclude this obstacle to the easy exchange of abinet, the recipient customarily foreswears the use of the kifat work unless he is pressed by persecutors and without alternatives.

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*[192] Pulling Ganels. Ganels are organized into a simple hierarchy composed of individually named commanders (azmac) and anonymous subordinates (tazaj). Supreme among ganels is the fallen angel Satanael. His several hundred lieutenants are divided into ganels responsible for sending specific ailments or misfortunes, and local commanders who repose in the lakes, rivers, and mountain tops of Ethiopia. The multitude of subordinate ganels are the immediate bearers of sickness and misfortune; their

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[36] The debtera is not expected to provide any detailed information, such as the identity of the specific ailment of misfortune he intends to send.

776 work is done at the direction of the commanders, or is struck adventitiously as the opportunity arises.

*755 A *debtera* calls *ganel*s to obtain either information
*756 or the promise of services. Only *ganel* commanders are
*793 summoned. In contrast to their *ganel* subordinates, they
754 are more difficult to call, and more cunning. However, they alone possess the therapeutically useful information which the *debtera* desires, whether for a specific disease episode at hand, or a disease category associated with *ganel* causal agents. The information which the *debtera* obtains supplements *abinet* that he already owns, and does not constitute complete therapies. The *debtera* also calls *ganel*s to direct them to command subordinates to perform pathogenic works against persons he wishes to strike down, or to desist from afflicting the *debtera*'s client.

*756 *Ganel*-calling *abinet* works consist of three sets of
*793 activities. First a specific, named commander is "pulled"
*787 from his repose into the *debtera*'s presence (thus, the
*[192] title "*ganel sabiy*", "demon puller", by which such *debteras* are popularly known).[37] It is easiest to call a

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[37] This title is interchangeable with "*ganel aciwac*" ("converser with the *ganel*"), and "*ganel gelac*" ("revealer of the *ganel*").

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*787 *793 *ganel* out of doors, by the side of the lake or river in which he lives. When clients attend, however, the *ganel* is pulled in the *debtera*'s room, since preparations for controlling the demon are easier to arrange, and a tedious journey is avoided. [833] The *ganel* puller is often required to observe a period of chastity prior to contacting the *ganel*, and if the *ganel* is called into a room, it must be a place where sexual relations are never had.

A *ganel*-calling session begins with the recitation of texts, composed mainly or exclusively of *asmat* words. Unlike *abinot* recitations in other contexts, the *debtera*'s text is repeated until the desired effect is obtained [782] (i.e., the *ganel* has been pulled). In addition to the recitation, an animal (most commonly a chicken) favored by the *ganel* is sacrificed. A *debtera*'s initial attempt to pull a *ganel* often requires recitations over a week or more, until success is obtained. Once the *ganel* has been called successfully, subsequent sessions take less time. An experienced *debtera* can call a *ganel* familiar in less than an hour, although even he must expect lengthy recitations when attempting to reach a *ganel* with whom he has not yet conversed.

The *debtera* perceives these activities as a mixture of compulsion (through *asmat*) and blandishments (by the sacrifice), that oblige the *ganel* to assume a cooperative attitude. Once a *ganel* has responded positively to a

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specific *debtera*, he is less able to resist the *debtera*'s subsequent calls.

During the second stage of the session, the *ganel* makes his presence known, and the *debtera* engages him in conversation. The commander *ganel* is always audible to the *debtera*, but whether he will be seen as well, and whether clients will hear or see him, is determined mainly by the *abinet* work which the *debtera* employs. Most frequently, he is audible to the *debtera* only, and invisible to everyone. The *ganel*'s natural inclination is to strike down those he finds before him, but the *debtera* *[192] takes precautions to protect himself and his guests. For protection, each of those present holds the *takiltila* (parasitic plant) or *digimt* (prophylactic wood) which the *debtera*'s *abinet* study indicates is effective against this *ganel*. In addition, Church incense is burned to weaken the *ganel*'s ferocity and reduce his reluctance to give up information valued by the *debtera*. According to the *abinet* study that is used, additional precautions may be required, such as the burning of *diyñ* (sulphur) along with the incense.

Once the *debtera* has obtained the information or pledges he desires, the *ganel* is sent back to his abode. For this, more incense is burned, and the *debtera* commenses to read the liturgical texts or *abinet digam* addressed to the saints. Each commander *ganel* finds his

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*787 nemesis in specific saints, and a commander can be re-
*793 liably returned only if the appropriate saints are invoked. It is the *debtera*'s *abinet* study which matches *ganel* to saint, and saint to *digam* and liturgical text.

Acquiring and Relinquishing Ganel Familiars. While the *debtera* maintains an active interest in acquiring and practicing most *abinet* studies throughout his career, his period of frequent and regular *ganel* pulling is short
*[192] lived, generally lasting no more than a few years. A man decides to pull *ganels* in order to demonstrate his *abinet* powers to colleague and client, to cow the one and convince the other, and to gain deference (*makver*) from both. In addition, he seeks in the *ganels* a means for accelerating the acquisition of an effective *abinet* repertoire. Typically, the *debtera* ends his *ganel*-pulling activities, or at least radically abridges them, once he realizes that his ties with *ganels* are intrinsically unstable, that they grow increasingly dangerous while providing him with progressively less important technical advantages.

The commander *ganel* finds the *debtera*'s calls very unpleasant. He is prideful and imperious (*kuruw*), and resents being pulled from repose to suffer under painful restraints. The more frequently a *debtera* pulls a specific *ganel*, the more the demon's truculence and cunning threaten to maim the puller. A *debtera* finds evidence of this in his colleagues who bear the stigmata of apo-

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*787 plexy, the ailment with which *ganels* characteristically
*793 choose to afflict burdensome callers. To avoid this, a
ganel puller typically enlarges his list of *ganel* fa-
*[192] miliars. In the end he succeeds only in increasing his number of *ganel* antagonists and, through his continuing familiarity with *ganels*, courts a sign of divine displeasure (*mekseft*).[38] Significantly, the *ganel* puller fears that participating in the Mass will be his ultimate affront to divine patience. Thus, he abstains from entering the church and deprives himself of the ecclesiastical identity which he prizes so much.

The *debtera*'s decision to abandon his *ganel* familiars causes no fundamental disruption in his *abinet* career as less objectionable alternatives to *ganel* pulling become available. A man's reputation as a *ganel sabiy* generally places him in a favorable position in any exchange of *abinet*, for it tends to validate his claims regarding his own works, and guarantees him fair dealing by other *debteras*. Thus, the *debtera* continues to acquire *abinet* studies even while actively pulling *ganels*.

[539] [38] Additional familiars appear to be obtained through acquiring new *abinet* texts, or assembling (from a category of generic texts which describe the *ganel* commanders) combinations of data relevant to the pulling, interrogating, and sending of familiars.

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*787 *793 By mid-way in a *debtera*'s career, the capabilities of his *abinet* repertoire are sufficient to make the continued assistance of *ganel* familiars largely redundant. The loss of familiars does not affect the *abinet* powers which the *debtera* already holds. Most have been obtained without *ganel* complicity and do not rely on *ganels* for their effectiveness; others (*kifat* works) invoke *ganels* mechanically and do not require their good will; last, the *abinet* information already gained from *ganels* is unaffected by the loss of the daemons. The dissolution of this bond brings no special dangers; it instigates no retribution by the familiar, nor does it increase the *debtera*'s vulnerability to *ganel* assaults. Finally, by utilizing his *abinet* repertoire to simulate *ganel* associations, the *debtera* is able to prevent public disclosure of the loss of real ties.

Moral Content of Debtera-Ganel Bond. The acquisition of *ganel* familiars represents an important technical discontinuity in a man's abinet career, since a purposively induced hallucinatory state is experienced [792] in no other *abinet* work. In other contexts, *ganels* are also directly encountered, particularly by monks, but in no other encounter are preparations made beforehand for restraining the *ganel* once he appears, or for obtaining desired services from him during the meeting.

Morally, the discontinuity is not so great, at least

*756 *787 *793 from the *debtera*'s perspective. Beginning with simple herbal remedies and ending with *ganel* pulling, the *awakiy debtera*'s moral compromises are gradual and continuous. Although *ganel* pulling represents his only direct contact with demon helpers, his previous and continuing *kifat* performances make the *debtera* no stranger to the casuistry of *ganel* complicity. Beyond this, however, there is an important moral unity to the *debtera*'s *abinet* works, whether they are produced by the power of divine beings or *ganels*. An *abinet* career is founded on a *debtera*'s readiness to conceive of supernaturally derived power as a morally neutral commodity. As he exploits such power, he is constrained less by its intrinsic moral character than by its instrumental limitations. The *debtera*'s accomplishment is to transmute the moral nature of the power he depends upon for his works. This he does by exerting his will over it, and directing it onto the objects and contingencies that he has selected.

*755 *793 778 792 823 *[192] *Inviolability of Divine Power: The Atmakiy.* The goodness (*moges*) of divine power is unblemished and its enjoyment is determined by divine will (*yi'Igziyabiher yimozgin*). The attitude of the pious man towards this will is supplicatory; towards this power, he is a passive recipient and a disinterested custodian. In a medical context, the *atmakiy* is exemplary. The *atmakiy*

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778 ("baptizer") is a priest or monk who provides sanctified
823 healing waters for sickmen. By reading from appropriate
*[793] liturgical texts, any literate ecclesiastic can sanctify
[792] ordinary water drawn from a river, or the water of a
spring (tebel) known to have divine curing powers. Sanctified common water is generally dispensed in the courtyard of a church, by a resident cleric serving as atmakiy for the occasion. No atmakiy has exclusive rights to the tebel at which he works, since he is only the representative of the church or monastery in whose parish the tebel is located. An atmakiy provides no medical services beyond dispensing sanctified water or overseeing the tebel. According to the atmakiy, as the sickman bathes, the divine fires of the water repel the ganels responsible for
*[192] his ailment. The layman, however, does not conceive the effectiveness of these waters so narrowly, but sees them as the medium for a divine grace (moges) unbounded by specific etiological notions. Consequently, although sanctified waters are used most commonly against madness (ibidet) and epilepsy (ganel yazow), both caused by ganels, they are also applied against serious, chronic ailments with which ganels are not generally associated (e.g., leprosy). Usually the sickman turns to sanctified waters as a last resort, after he has exhausted all other therapies he can afford. A sickman continues to bathe with the waters of a single church or tebel, until he has

*755 778 823 obtained a remission of his symptoms, or concedes that these particular waters are inadequate to his special needs. _Tebel_ waters are much stronger than ordinary water, therapeutic failure with common water is generally followed with baths at a nearby _tebel_. Should the sickman likewise fail to obtain a cure here, often he journeys out to test the famous _tebel_ springs about which he learns along the way. Some springs are known to be particularly effective against specific ailments, but, laymen are generally uncertain whether the effects of sanctified waters are cumulative or whether it is the divine grace of a single _tebel_ that a sickman must seek.[39]

*756 *793 _Manipulation of Divine Power: The Debtera._ In contrast, the _debtera_'s attitude towards divine power and divine will is largely manipulative, in spite of his supplicatory recitations. He works to abstract this power (through the mechanical application of verbal formulae, augmented by _asmat_), concentrate it (though the non-verbal elaborations of his _abinet_), and direct it (according to the demands of commerce and the indica-

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[39] Occasionally, the sickman responds to a _tebel_ with convulsive behavior, as the _ganel_ afflicting him agonizes about.

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*793 tions of awdunigist).

776 *[192] The destructive power of ganels is the shadow of divine grace. Although the goodness of divine power is perfect, divine intentions are realized through the promise of sanctions (mekseft), as well as grace. The ganels are utilized for the operation of these sanctions. *[192] Christians are each protected by a pair of angel guardians (maliket), in the command of the Almighty. Divine displeasure is expressed by removing these guardians from the principal or his children.[40] Once a breach is opened, ganels are certain to attack, for they pursue their destructive goals indiscriminately, striking where opportunity, rather than special interest beckons.[41]

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[40] Not all cases of ganel assaults can be traced to divine motives, however. Occasionally, ganels are able to outwit or overwhelm an individual's angel guardians, particularly when a debtera forces them to attack a vulnerable target. The precise balance between a man's assets (guardian angels, kitab protectors) and deficits (vulnerabilities indicated by awdunigist, ganel sabiy influence on ganels) is never a matter of speculation in specific episodes, however.

[792] [41] Generally, very holy monks, in lives of seclusion and prayer given over entirely to the Almighty, are singled out by ganels, for physical assaults and temptations of the flesh.

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Treating with ganels involves the debtera in a grave moral offence (badal). However, this offence is not, as his public emphasizes, that he deals with power which pollutes and maims. In reality, he elicits ganel power as an abstract force, which he applies to ends of his choosing, to relieve suffering as well as induce it. Nor is the debtera's great sin to profane divine powers and ecclesiastical symbols, as many of his fellow ecclesiastics suggest. These powers and symbols he uses to restrain the ganel and force his cooperation, not in an act of renunciation. The sin of the awakiy debtera is neither to befriend or abet the enemies of the Church and the Almighty, but to emulate His works to the debtera's own ends.

PROFESSIONAL ASPECTS OF DEBTERA POWER

The layman's insistence on the technical superiority of the debtera over the secular healer is supported by his misconceptions of the debtera's career. By tracing the debtera's acquisition of abinet knowledge to a contract made with ganels early in the practitioner's career, the layman reverses the temporal and technical priorities of this career.[42]

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[42] While the debtera's abinet knowledge is perceived as a consequence of ganel intimacy, in reality, most of this abinet is collected prior to contact with demons.

*756
*793 The *debtera*'s advantages over the secular healer
*[759] are real enough, but (with the exception of *awdunigist*) they are primarily *professional, rather then technical*. That is to say, a *debtera* acquires his extensive medical repertoire and utilizes it successfully as the result of experiences and opportunities that accompany his pursuit of the ecclesiastical denotata of *debtera*hood, and of exchanges he makes with fellow *debteras*. Most important among the *debtera*'s professional advantages, is his ability to 1) develop and use a highly fluid capital for acquiring medical and non-medical studies, and 2) communicate to his public his domains ofcompetence and putative level of power.

*756 *Abinet Capital*. The *debtera* acquires *abinet* stu-
*787 dies by 1) exercising the claims of friendship (*gwadeña*),
*793 2) performing services (often combined with deferential
*[192] behavior) for the *abinet* owner, 3) exchanging money for *abinet*, or 4) exchanging *abinet* for *abinet*. All, save the last, are relatively inefficient means for acquiring *abinet*, and are generally limited to the period of *kiyne* study, and perhaps the following two or three years.

[572] Friendship is the *debtera*'s least fluid asset, since it limits ego to a single alter for an extended period, and to the acquisition of only one or two valuable studies. To "exploit" this asset, by a sequence of alters or by an effort to tap alter's *abinet* resources

*756 *787 *793 592 more completely, is to violate the conventions of the *gwadeña* relationship, and to close it off to ego altogether. Moreover, the intense *gwadeña* relationship, which binds pairs of *kiyne* students is typically brittle, and is infrequent in later years when commercially valuable *abinet* are being acquired. Finally the *gwadeña* relationship is antithetical to the independent and aloof (*kuruw*) character associated with the man who owns strong *abinet*.

*756 *793 *787 The exchange of labor for *abinet* is difficult to arrange. An *abinet* owner must be found who is disposed to such exchanges, and has not already obtained someone to fulfill his needs. For the recipient, the exchange means often demeaning work over an extended period of time, with a humiliating lack of an effective *quid pro quo*, in order to acquire a single *abinet* study.

[437] [435] *Debteras* are not reluctant to price their *abinet* studies, in Ethiopian dollars, for prospective purchasers. Since a man's standing as a practitioner of *abinet* is intimately related to the effectiveness of his individual studies, the evaluation of his *abinet* against a nearly universal standard of value (Ethiopian dollars) is likely to be understood as an implicit personal challenge. Thus, the owner's evaluation of his *abinet* is inevitably greater than any amount likely to be paid. Prices range from E$50. to E$500., immense sums relative

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*787 to the modest cash reserves of the potential purchaser
*793 whose money reserves are unlikely to exceed E$150.
435 There is no haggling, in the sense that the purchaser
437 offers a counter-price which is closer to the study's
real value, for injury to the owner's pride would be
*[192] certain to end negotiations. Rather, the prospective
purchaser asks for special consideration on the grounds
that the seller is his *wadajey* ("friend", but not peer),
and that his assistance is needed. If the *abinet* owner
is amenable to the appeal, a price is set at one-half,
one-quarter, or even less of the study's assessed value.
Even so, the cost of abinet is sufficiently great to
deplete the purchaser's reserves in short order should he
persist with such purchases.

*756 Before a man can begin to exchange *abinet* for
*787 *abinet*, he must obtain a sufficient variety of valuable
*793 studies in order to interest other *debteras* in an
437 exchange. Once acquired, an *abinet* repertoire proves
itself a superior medium of exchange for acquiring more
abinet. Unlike friendship, *abinet* are entirely liquid;
unlike labor purchase, *abinet* exchange is neither
demeaning nor time-consuming; unlike money pruchase, it
involves neither principal in difficult price setting,
and far from being exhausted, the *abinet* capital tends
to grow the more a *debtera* "spends" of it.

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*787 A *debtera* is occupied by three concerns when ex-
*793 changing *abinet* subjects: First, he must be certain
437 that alter's study does not substantively duplicate, in
whole or large part, *abinet* he already owns. However,
a *debtera* does not exclude the acquisition of a study
which duplicates the intention of one he already owns.

Second, he must learn whether alter's study is empirically effective or untested. A study's effectiveness is inferred from the owner's public reputation for achieving the designated ends; often, it is this reputation which first attracts the interest of a potential purchaser. Where this information is unavailable, the principals may agree to a test of the *abinet*; here, conditions relevant to the study's purported effects are simulated, often with the use of domestic animals in lieu of humans. Generally, such tests cannot be contrived for prophylactic or therapeutic works, however. When only the seller's assurance is available, the fear of punitive *kifat* works by the recipient provides an inducement for objectively evaluating the *abinet*'s effectiveness. Finally, some studies are offered with the admission that they are untested. Proven works are considered far more valuable than untested ones, and each category tends to be exchanged within its separate sphere.

Third, the *debtera*'s final concern is that the value of the studies he receives approximates the value of

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*787 those he gives. The relative value of an *abinet* study
*793 is weighed against criteria recognized by both princi-
437 pals, although verbalized by neither during their nego-
tiations. These criteria refer to the study's goals,
its constituent elements, and its efficacy. 1) Criteria
regarding goals enable ego to assess the commercial
*[192] value of alter's study, if it is effective. Studies
whose goals involve issues of life and death, or serious
physical impairment, and studies with offensive intent
(*kifat*), are valued above those characterized by inessential
or benign goals. A study whose goals are not ordinarily
addressed by *abinet* or secular works is valued
over those made redundant by widely disseminated works.
A study which deals with a common interest of the *debtera*'s
public is valued greater than one which addresses
an unusual concern. 2) Regarding constituent elements,
an *abinet* study is valued if its *digam* contains magical
names (*asmat*), but it is derogated if the *digam* simply
replicates materials available in ecclesiastical texts.
A study which calls for ingredients which are reasonably
accessible is valued more than one calling for rare items.
3) Finally, a study which works by true magic, *asmat*, is
valued over one which relies on *mithat*, a trick or illu-
*759 sion simulating the effects of *asmat*.

*756 *Comparison with Secular Medical Capital*. Rarely
869 does a layman acquire any disease name specialty beyond

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869 those few he inherits. Additional acquisitions are discouraged for several reasons. First, the exchange of medical knowledge with other healers is difficult to arrange. A layman is unlikely to find another secular healer whose medical specialty he desires and who desires
[437] one of the few disease name specialties he owns. Thus, it is generally cattle or money which must be exchanged for medical knowledge. Such purchases are relatively expensive, since the gain is only a minor increment in prestige and the tenuous possibility of earning modest material rewards after an extended period of professional obscurity. Further, the layman has available to him alternative forms of investment (mainly land, labor, and livestock), whose utilization is more consistent with the ethos of the Amhara peasant, and more remunerative (in prestige and material rewards) than the practice of new therapies.

The secular healer (particularly the *medhaniyt awakiy*) is reluctant to part with professional knowledge, even when a reasonable price is offered. Unlike the *abinet* capital of *debteras*, medical capital dissipates
*756 as it is "spent". When *debteras* exchange subjects,
*793 neither considers the other a rival in the specialties
869 which they exchange. Eventually, their paths are bound to part, as one or the other continues his travels over the Coptic highlands. Moreover, a *debtera* is not known

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for specific works, since his public reputation rests upon his access to generic powers. Instead, he is recognized by his public as being either "strong" or "weak"; if he is reputed to be "strong", a potential client assumes that he is competent in a broad range of maladies. In contrast, the professional reputation of the lay healer is tied to a specific ailment, just as he himself is tied to a specific locality, as the sedentary cultivator of ambilineage fields. Since a layman's medical reputation is fixed in space, potential purchasers of his medical knowledge are drawn from among his potential clients. Thus, by sharing his medical knowledge with another secular healer, the lay practitioner establishes a potential rival and dilutes the economic and social advantages of his practice.

Communicating the Debtera's Power. When the secular healer inherits a therapy, he inherits a professional reputation along with it, as his public grows aware of the transmission of the disease name specialty and herbalist grade. For the debtera, the situation is very different; his abinet acquisitions are "anonymous". Without the kinship and parish networks that his secular counterpart enjoys, the debtera must establish his healing abilities for his public de novo. The first two or three decades of his professional life are characterized by continual changes of residence, as he pursues his studies

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*793 and moves from one unremunerative and confining eccle-
[869] siastical position to another. Only later does he settle down, after he has acquired a commercially adequate _abinet_ repertoire, and has realized his ecclesiastical goals, as a _memher_ with a following of students. It is, however, in the relative anonymity of a town that he inevitably establishes himself.[43] In the town, the _debtera_ can maintain, with temerity, his identity as a _ganel_-puller, and can receive his clients in confidence, free from the conventional morality and inquisitive eyes of parish folk. Placed in the town, the _debtera_ maximizes his public. First, he serves the relatively affluent townsfolk with important commercial services, enabling them to best rival tradesmen and _talla_ houses or mead hall proprietors, to magically attract customers, and to beguile superiors. Second, he makes his services available to the thousands of peasants drawn to the town's weekly markets, its ecclesiastical institutions, and its fleshpots.

In the task of communicating his professional exis-

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[43] In 1966, of the approximately forty-five _debtera_-healers residing in Gondar, four were _awakiy debteras_ (two others had died during the preceeding four years). Beyond the Gondar enviorns, the closest _awakiy debtera_ lived in Amba Giyorgis town.

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*793 tence under these circumstances, the *awakiy debtera* is assisted by 1) the layman's perception of his power, and 2) the visibility that he enjoys as a result of his ecclesiastical identity.

*[759] The professional reputation of the secular healer is discontinuous, since his public considers his degree of success in any disease episode as the product of healing power relevant to that ailment only. On the other hand, the *debtera*'s reputation is perceived in terms of generic power. Thus, each successful performance of a medical or non-medical work communicates his ability to accomplish other works not yet performed for his public; for example, a successful cure or prophylaxis against one named disease is regarded as evidence of his ability *[787] to successfully deal with other ailments. In reality, a *debtera*'s medical abilities are dependent on the contents of his *abinet* repertoire. Early in his career, there are numerous ailments for which he owns neither therapy nor prophylaxis, or owns weak ones only. Later, with more active participation in *abinet* exchanges, he is able to fill these gaps with works proven to be effective. He acquires these medical studies speculatively, just as other *abinet* are collected, partly in the expectation of ultimately practicing them, partly as means for building an effective *abinet* capital for future trading.

Thus, while secular herbalists are distinguished

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*793 from one another along two dimensions (disease name specialty and healing power), debteras are distinguished along only one, differential power. This tends to have a conservative effect upon the layman's valuation of the medical abilities of awakiy debteras, relative to those *756 of secular healers. That is to say, in any disease epi- *793 sode, the prophylactic or therapeutic failure of one 754 awakiy debtera is perceived as evidence of the success of the kifat work of another awakiy debtera; the balance between the two is a matter of quantitative differences of power. This contrasts with the situation of secular herbalists, whose therapeutic failures eventually persuade the sickman to consult a class of practitioners whose healing powers are considered more effective than are theirs (vide the "herbalist chains" discussed in chapter three). On the other hand, therapeutic failure by an awakiy debtera generally leads to a search for a debtera more powerful than the kifat sender. Both laymen and debteras recognize that some ailments caused by kifat works can be lifted only by the sender of the kifat who must retrace the steps of his kifat performance.[44]

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[44] For example, severe stomach pain is produced, inter alia, by inserting a copper wire into a cactus lobe; the pain persists until either the victim has perished or the wire has been removed.

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*793 The *debtera*-healer faces two practical obstacles
[751] to obtaining public recognition of his power. First,
his most frequent works are prophylactic *kitabs*; however,
prophylactic success oan be assessed only over a
period of many years.[45] Second, the overt expression
of *abinet* powers is often prosaic, without visible signs
*[787] of the extraordinary forces at work. These two difficulties
[539] in communicating his power are met, in part, by
the *debtera*'s display of esoteria during diagnosis, when
he manipulates *avdunigist* texts in the presence of his
clients, and during the preparation of therapy, when the
otherwise secretive *debtera* sends his client to obtain
some exotic ingredient which is necessary for the work.

*756 *Mithat*. The *debtera* goes beyond these displays,
*793 however, to simulate, through the use of *mithat*, dramatic
*755 demonstrations of his putative magical powers (*asmat*).
The debtera distinguishes *mithat* from other *abinet* subjects
by the fact that *mithat* require no recitation or
ritual beyond the spurious performances required to impress
his public, and that the mundane materials used in
the work are sufficient to produce the desired effects.

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[434] [45] The sale of *kitabs* usually provides the *abinet*-using *debtera* with the greatest portion of his income.

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*756 *793 Although some *mithat* are performed only as entertainment (e.g.,"magically" uniting a severed cord, or turning paper into *injera* bread), most are integrated into medical performances, where they are perceived by the *[192] client as evidence of authentic *asmat*. For example, a *debtera* uses the *mithat* which turns water into "blood" as an ostensible diagnostic tool, or he solves an episode of feverish and painful nausea by "discovering" a monkey skull *denkerow* (sorcery bundle) beneath the sickman's threshhold. *Mithat* are also used during the administration of therapy. For example, an opened egg is placed atop the sickman's head, and a spurious *digam* is read. Subsequently, the egg boils over, freeing the sickman from the pathogenic agency, evidence of which is often found in the egg (e.g., insects=poisoning).[46] A *debtera* never substitutes *mithat* for conventional works, although the client is unaware of this. Thus, the egg *mithat* is followed by an herbal infusion, which ostensibly removes the organ wastes remaining in the sickman's body, but in fact performs the entire therapeutic function.

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[46] This parallels a *kitab* which warns the owner of poisoned *talla* (favored medium), by causing the beer to boil. Here, the effect is produced by *asmat*.

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Hithat works are particularly important for publicly validating the *debtera*'s ability to tap *ganel* sources of power. Although a *debtera* may in truth renounce his familiars, he keeps this his professional secret. For his public, only the possession of *ganel* familiars validates an *awakiy debtera*'s grade. Thus the *awakiy debtera* is committed to demonstrating the overt complicity of *ganels* in his works. He accomodates these expectations of his public by either simulating *ganel* cooperation, or employing a neutral medium for reaching the *ganels*. Here, as in his other diagnostic and therapeutic works, the *debtera* presents through artifice a public demonstration of healing power that is more convincing and manageable than reality would allow.

Laymen are uncertain whether an *awakiy debtera* need pull a *ganel* for each prophylactic, therapeutic, or pathogenic work that he performs, or whether the information he obtains at one session is relevant to similar episodes involving subsequent clients. In a specific episode, it is usually the debtera who determines whether a demonstration of *ganel* pulling is necessary. He is careful to learn his client's expectations in this matter. The *debtera* learns this implicitly, through the mechanism of
[435] fee setting. The calling of *ganels* is an expensive service, and agreement by the client to a fee of E$50. or more indicates that evidence of *ganel* complicity is expected.

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pected. Clients are reluctant to have a ganel pulled in their presence, however, for they fear the demons greatly. Although the debtera's protective measures during the ganel pulling session are considered probably sufficient, there is the danger that the ganel will recognize the client on a subsequent occasion and strike him down. Further, the client fears that direct contact with ganels threatens him with moral perdition. Thus, the client accepts willingly, even gratefully, an alternative to direct visual and auditory contact with the debtera's familiar.

At the initial consultation with the debtera, the client is told to return in three days, during which time the debtera ostensibly makes preparations for pulling the ganel. The debtera finds a variety of mithat useful for such sessions, often favoring works which leave some material evidence of the ganel's visit.[47] Although the client is familiar beforehand with the general course of

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[47] For example, prior to the debtera's recitation, he places an ostensibly unmarked sheet of paper in the sunlight, outside his threshhold. The ganel is subsequently called, but directed to remain outside the room. The debtera directs questions to the ganel, who is then sent back. The client is asked to retrieve the paper, on which he now observes what is ostensibly the writing of the ganel.

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events characterizing a ganel-pulling session, he is often uncertain as to precisely how the ganel will make himself known on this occasion, and so the debtera enjoys substantial freedom of action in his use of mithat. Often ganel pulling with the use of a virgin boy is used in lieu of simulation through mithat. Here, the client must bring along a boy of his choice to the ganel-pulling session. The session is conducted as usual, but with the boy facing into a mirror.[48] As the debtera recites his asmat, the ganel appears in the mirror but is seen and heard by only the boy. The medium is supplied with questions by the debtera; these he relates to the ganel, whose replies he repeats back to the debtera. Often the replies are unintelligible to medium and client alike. Although the use of the boy medium is not an example of mithat, there is a degree of pretence involved in such sessions. Only subordinate ganels can be expected to appear under these conditions, and the information which they provide is generally useless to the debtera's work. To the client, who is unaware of the niceties of ganel social organization, the session appears as a bona fide

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[48] Some debteras conduct this under conditions similar to those described for buda possession (vide Appendix B).

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*793 example of *ganel* calling.

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*793 *The Ecclesiastical Identity*. While the secular healer is indistinguishable from other peasants, the *debtera* is conspicuous by his ecclesiastical identity, with his distinctive dress, liturgical performances at the Mass, and conversational presence in the churchyard. *756 *793 875 The *memher* teacher of *kiyne* is most visible of all *debteras*, not so much by his appearance as through all the activities of his ubiquitous students. The services of these students are generally indispensible to establishing, and often maintaining, public recognition of the [735] *debtera*'s cliams to the "*awakiy*" title. These students depend on the charity of local folk for much of their sustenance. In order to avoid over-exploiting the generosity of one area, or neglecting another, the students customarily devise a circuit composed of town wards and surrounding hamlets, through which they systematically beg, in pairs of *gwadenas*. Their visits, weighted in favor of the more affluent folk, serve the *debtera memher*'s *abinet* practice in two ways. First, they advertise the *debtera*'s presence and communicate information about his *abinet* services. Laymen are generally reluctant to approach a *debtera* directly, until learning whether he is capable of providing desired services and is also willing to do so. By posing questions to the mendicant students, the *debtera*'s public obtains infor-

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*793 tion regarding the _debtera_'s powers and accessibility.
875 Students generally feel great loyalty to their _memher_, and tend to be generous in describing his powers. Their reports are not much exaggerated, however, since a man does not become a _memher_ until he has lived twenty or thirty years as a _debtera_, a period sufficient to acquire an effective _abinet_ repertoire. Second, laymen regard the students as an indication of the _debtera_'s reputability, and willingness to be held accountable for the effectiveness of his services. In this, they contrast him with the unscrupulous _debteras_[49] sometimes seen in _talla_ houses, where they conspicuously display their white turbans and book satchels, perform gratuitous displays of magical works (in fact _mithat_), sell services which later prove ineffective, and disappear a week or so later.

CONCLUSION

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*793 A _debtera_ pursues the goal of becoming a _memher_ because he desires to be a master of ecclesiastical studies, not because it will further his _abinet_ interests.

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[49] Known as _mithanteña_ ("charlatan"), by other _debteras_.

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Yet, once a *memher*, a man is not reluctant to exploit the commercial advantages that come his way. The *debtera*-healer's pursuit of *memher*hood is an example of a dialectic which underlies his entire career; one which matches ecclesiastical goals and moral constraints against the imperatives of pride and self-sufficiency; which matches freedom from the constraints of dealing in conventional power against the vulnerabilities that this freedom entails. The *debtera* himself percieves the individual conflicts and opportunities which are engendered in his career in terms of the particular and the contingent. For all his *mithat* and manipulation, he is no cynic. In the end, it is a life of compromise, not of fraud.

The social identity of the *awakiy debtera*, as he is perceived by his public, is influenced to no small extent by the moral content of his diagnoses. Once a client has decided that secular therapy is inadequate for a disease episode at hand, the services of an *awakiy debtera* may represent the morally correct choice among alternative non-secular healers.

In the abstract, an *awakiy debtera* can treat any ailment for which secular therapies are also practiced. In reality, there are certain ailments within his therapeutic powers that he is only infrequently asked to cure. Significantly, the moral consequences entailed by these

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ailments are limited to redefining the sickman's domestic responsibilities, and are traced mainly to a loss of vigor resulting from his malady.

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These ailments can be sorted into two categories. Included in the first are all maladies whose physical effects are trivial, and most of those ailments whose effects are acute (whether serious, such as koruba pox, or non-serious, such as catarrh). These ailments are infrequently brought to an awakiy debtera, because either they are susceptible to effective and relatively inexpensive secular therapies, or they run courses too brief for a client to determine whether an awakiy debtera's services are necessary or to arrange for the administration of his therapy. The person who has been restored to health after such ailments returns to the personal and social states he enjoyed prior to the disease episode.

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In the second category are chronic and serious ailments that are characterized by both visible physical destruction and poor prognosis (e.g., leprosy and elephantiasis). The person suffering such an ailment also experiences the progressive constriction of his social field, as the affects of his ailment prevent him from resuming his normal economic and social responsibilities. [735] Where a family's resources are insufficient to maintain non-productive adults, the sickman must leave

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[735] his hamlet to become a mendicant, begging from alms-
[823] givers at the gates of large and famous churches. Even
[778] the sickman whose economic circumstances enable him to remain at home may depart, to seek an efficacious _tebel_ spring, once locally available therapies prove ineffective.

*753 Among the ailments of this category, leprosy is
734 considered particularly loathsome. In the abstract, it is associated with a hereditary vector; in practice, the leper's neighbors fear contact with him, and the sickman who remains at home is physically segregated in a hut of
[582] his own, away from other residents of the hamlet. Be-
[166] cause marriages are difficult to arrange for the primary relatives of lepers, the son of a leper frequently chooses to move away from the paternal hamlet to some place where his family's affliction is unknown.

*753 The absence of more profound moral consequences for either category of ailment can be explained, first, by the fact that associations existing between the sickman and sanction-wielding supernaturals are unaffected by either illness or cure, since these maladies are linked to non-purposive pathogenic agencies, such as _gerifta_
*[755] and _likift_. Further, effective cures are either secular,
*[757] and thus require the therapeutic assistance of no
[778] sanction-wielding supernaturals, or, in the case of _tebel_ therapies, rely on only the socially sanctioned supernaturals of the Church.

*753 supernaturals of the Church. The relevance of human culpability in such episodes is minor, since the responsibility of either ego or his intimates for bringing about such disease episodes is conceived as either accidental (e.g., straying into a gerifta mist) or unavoidable (e.g., carelessly leaving food uncovered, and thereby allowing likift contamination).

A third category of illness consists of serious ailments that are unaccompanied by visible destruction, but that are not acute. From a moral perspective, such ailments share two important characteristics that are uncommon among illnesses of other categories. First, they are generally traced to purposive causal agents, either to a human enemy (talat) who seeks to kill or maim ego or his children, to ganels, or to zars. Second, the remission of symptoms does not itself mean that the responsible pathogenic agent has also been neutralized.

*753 Where an ailment has been sent by, or on behalf of
*755 a talat, ego must obtain the services of a debtera-healer
*756 who (in cases of ensorcelling) is more powerful than the
*793 illness-sender or (in cases of poisoning, mera) is able
*[192] to diagnose precisely. Here, remission of symptoms
leaves the ultimate pathogenic agent, ego's talat, unaffected and ready to again sicken or injure ego, once the latter's recovery is known. To escape his talat, ego must seek measures beyond therapy and amulet prophylaxes,

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*755 *756 *793 he must reorder his social environment. Preference is given to either killing his persecutor or frightening him away, through the use of sorcery or mundane violence. If ego is unable to accomplish this, he must himself move to some place where his talat can no longer affect him, or would no longer find it necessary to do so.

*753 *787 776 With zar-caused ailments, the sickman can obtain a lasting remission of symptoms only by entering into a permanent relationship with the pathogenic agent, rather than countering it. Here, the sickman withdraws from his existing moral milieu, and acknowledges, as a member of a hadra (zar coterie), a permanent dependence on the good will of the zars. Once the initial diagnosis has been confirmed and ego's zar has been successfully treated with, each succeeding disease episode binds ego still more closely to the society of zars and balazars.

[562] The social and moral consequences of accomodating zars are very different for men and for women. For women, who constitute over eighty percent of zar-possessed folk, zar familiars offer a degree of security that the host finds difficult to obtain in human society. In contrast to other purposive agents, the pathogenic motives of zars are at once transparent and manageable: Zars sicken their hosts in order to extort gifts of jewlery and clothes, and deferential performances at the

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*787 *hadra* meeting. While *zars* often cause painful and potentially mortal ailments, prognoses are favorable, since the *zars'* ultimate interests are served best by keeping their victims well enough to continue to meet their demands.
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562 A woman who excludes *zars* from her disease etiologies assumes great vulnerabilities. Without *zar* familiars, she must build etiologies from the mortal intentions of sorcerers, poisoners, and *ganels*. Against these agents, a woman can generally afford to raise only weak prophylactic defenses, and the cost of expert therapy (by an *awakiy debtera*) is usually beyond her slender means. Unmarried townswomen are particularly vulnerable in this regard, since they are without interested mates to purchase necessary *debtera* therapy or to insist on etiologies consistent with the teachings of the Church.

For a man, *zar* possession is shameful, and the appearance of symptoms which might indicate a *zar* etiology (i.e., *kureyña*) are preferably traced to other pathogenic agents. While the *hadra* provides its female members with opportunities for self-assertiveness otherwise impossible, the man who accepts the suzerainty of the *zars* commits himself to performances and associations which contradict the customary social behavior of Amhara men. He is *serateña* (servant, usually female) or even *bariya* (slave) to *zar* whims, which cast him in demeaning

*753 and sexually ambiguous roles. The other, predominantly
*787 female, members of his hadra treat him as an equal,
776 rather than with the deference ordinarily shown men.
562 What is more, his shame is public, since the zars gener-
[292] ally demand as a sign of obeisance that a colored border be woven into the normally undecorated white toga of Amhara men.

*753 The type of practitioner that a client consults
*755 influences the final etiology with which his disease epi-
*756 sode is finally rationalized. In the context of category
*793 three ailments, the awakiy debtera is a morally correct choice for the male client, since his therapy is capable of translating the disease episode into a confirmation of the client's normative social state. Failing more innocuous indications (generally involving genels), the debtera's diagnosis and cure are expected to support an etiology of sorcery or poisoning. This marks the sickman as someone's talat; a man someone wishes to kill or maim in retribution or fear; a man who has incurred a talat's interest by demonstrating aggressive and proud (i.e., masculine) behavior, by committing assault and murder, by usurping land rights, or by contesting sexual access to women.

APPENDIX A

FOUR CLIENT NARRATIVES DESCRIBING HERBALIST THERAPIES

NARRATIVE 1

*278 *757 *759 Taamrat realized that he had contracted *ceebt* (gonorrhea), for the symptoms were unambiguous: Urination was difficult, he was unable to sit or walk about properly, and he could feel the burning sensation in his bladder caused by the *gerifta* which had lodged there. Taamrat consulted an herbalist living in an adjacent hamlet, who was known as a *yiceebt medhaniyt awakiy* by his neighbors. The herbalist prepared an infusion of roots and leaves, and gave this to Taamrat to drink. He also directed the sickman to drink much whey, so that the disease agent could be flushed from his body. The infusion was a strong purgative and diuretic, and the herbalist told the sickman that he could observe in Taamrat's urine the tiny eggs that the *gerifta* had produced in the bladder. In addition, evidence of blood in the urine also indicated that the disease agent's hold on Tamraat was being loosened. Taamrat was given a single dose of [758] the infusion, but no *memeleša*. The therapy greatly fatigued Taamrat, and his wife was instructed to feed him quantities of chicken liver as a restorative (*atmit*). Taamrat believed that the thorapy had severely strained

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*757 his heart, as evidenced by his pallor, langour and in-
*759 ability to move about; according to him, the therapeutic exertions had left him close to death. Taamrat recognized that the customary fee (in Woggera) for such an herbalist is E$5., or its equivalent, in a sheep or a day's plowing in the herbalist's fields. When Taamrat subsequently offered to bring a sheep, the herbalist protested, saying that he had performed the therapy only to make Taamrat his friend (gwadeña), not to make money. Taamrat accepted the herbalist's generosity.

NARRATIVE 2

*278 Bogalec's nine year old son developed a pox. He
*757 was feverish, his body itched, soon tiny swellings appeared and these became inflamed, and dry and hard on top. Bogalec suspected that it was koruba. In her hamlet, it was common knowledge that koruba swellings can be individually burned with a root that grows locally and is easily found. However, Bogalec could not be certain that the ailment was in fact koruba and not some other pox, such as guwdif or kufen. If it proved to be guwdif, then the application of koruba therapy would be merely unnecessary, for guwdif is self-limiting and not serious. Kufen, like koruba, is a potentially mortal ailment; however, koruba therapy is ineffective against

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it. Bogalec decided to take the boy to a yikoruba medhaniyt seci who lived in a nearby hamlet, who was re-
*278 puted to be able to recognize koruba. The herbalist, a
*759 woman, was consulted within hours of the irruptions, for
*757 Bogalec knew that koruba advances rapidly and, after a day's time, is no longer susceptible to treatment. The herbalist examined the irruptions, diagnosed the ailment as koruba, and gave Bogalec a leaf with directions that it be ground, mixed with hydromel (birz) and given to the child in small increments. The infusion was a strong emetic and purge, and, since there was no memeleša, Bogalec had to watch the child carefully lest he be overcome by the therapy. After two applications, Bogalec stopped, for fear that a third would kill the child.
[758] The boy was afterwards fed a liver restorative. During his recuperation, Bogalec and her husband took care not to speak the word "koruba" before the boy; in addition, he was given no talla beer. Either action could have in-
[435] duced a fatal relapse.[50] The herbalist asked for and received a fee of E$1., but told Bogalec that the money would be given to the parish church, since she did not intend to profit from her curing.

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[50] A similar injunction is followed for certain other ailments, even where there is no present danger, particularly "kuntina" (leprosy).

000 intend to profit from her curing.

NARRATIVE 3

*757 While out playing, ten year old Tesfahun and two
752 companions were bitten by a dog. After they returned to
their ward, Tesfahun told his mother, Berey, what had
happened; and the woman took him to a nearby stream.
She directed him to wade into it, so that he would not
develop the fear of water that is characteristic of the
later stages of rabies (yimatfow wuwša bašiyta), when the
introjected dog-like spirit agent begins to make its
*278 hydrophobic presence felt. In her village there lived
*767 a yimatfow wuwša bašiyta medhaniyt seci. From this her-
*759 balist, Berey received a root with the directions that,
once it had been ground and mixed with water, it must be
*278 immediately consumed or would loose its potency. On the
*755 next day, before she had an opportunity to prepare the
*756 *757 infusion, Berey fell into a conversation with a neighbor
*759 regarding the previous day's happenings. The neighbor,
a Muslim, remarked that a fukura (here, a Muslim healer
analogous to a "weak" debtera) living in another ward was
famous for his ability to treat rabies. Tesfahun was
taken to the fukura, who commanded him to undress and
gaze into the practitioner's mirror. While the boy
stared at it, the fukura, who was a blind man, did like-

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*755 *756 *757 *759 wise. After a minute, the practitioner declared that Tesfahun had not contracted the ailment. The _fukura_ was was paid E$1., and Tesfahun was given no therapy. His companions were later taken to this practitioner, who after diagnosis indicated that both had contracted rabies, and required therapy. None of the participants attempted to obtain an explanation for this epidemiological pattern. This consisted of herbals mixed with the milk of a cow nursing a calf of its own color. The infusion was a violent purgative, and a _memeleša_ permitted its safe application until blood had appeared in the evacuae. This was taken as a sign that the disease substance had been destroyed and was being eliminated. Although all of this had taken place within one week of the dog's attack, the principals were aware that the ailment can be treated successfully within four weeks of an attack. After that time, no therapy, however powerful it
[435] may be, can succeed. The _fukura_ sold his therapy at the of E$10. for each boy. Although the fee was paid on receipt of therapy, this was not necessary; the payment could have been made to a third party (a _gwadeña_ of the client), who would then transmit the money to the therapist once the therapy had proven itself effective.

NARRATIVE 4

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Kassa's wife, Tuwagu, contracted yiliyt waf bašiyta (jaundice), and the symptoms were unambiguous. The whites of her eyes yellowed, as did her nails; her urine turned a deep amber; she could not eat and fell into a dizziness (ras yazaral); her joints ached as with kurtimat. Kassa consulted a yiliyt waf bašiyta medhaniyt seci, who provided him with a root which Kassa ground, mixed with water, and gave to his wife to drink. Soon violent vomiting and purging began; this was allowed to abate without a memoleša. This ailment is caused by contact with a flying bat, and Kassa knew that, for a complete therapy, he could have to snare a bat, cook the bat meat together with ordinary food-stuffs until it was rendered innocuous, and then serve the dish to Tuwagu, who would be unaware of the food she was eating. Kassa did this and, after Tuwagu had finished, revealed to her what she had eaten; she cried out in repulsion "yililyt waf!" ("bat"). With this the disease substance left her.[51]

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[51] Therapy for jorogadif (mumps) also requires the sickman to call out the disease name. This is done at night; the sickman wakens another peasant with disturbing noises. When the second man emerges from his hut unawares, the sickman yells out "jorowgadif", and the ailment leaves him for the awakened man.

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*757 Kassa perceived the herbalist therapy as weakening the disease agent's ability to retain its position within Tuwagu.

APPENDIX B

HERBALIST THERAPY FOR YIBUDA BAŠIYTA (BUDA POSSESSION)

754 [825] The _buda_ is a human, male or female, who shares a kinship of sorts with the hyena. When at night he hears their calls, he is irresistably attracted to run about with them. Like the hyena, he strongly desires to eat of human flesh and blood, but his cravings are not malevolent, and he often regrets this compulsion. The _buda_ trait is most often passed down within families; in Begemder Province, it is limited to Falasha families.[52] [856] The _buda_ trait is present at birth, but like an individual's other capacities, reaches full potency at its bearer's physical maturity.

In his nocturnal guise, the _buda_ bears his human [302] face upon a hyena's body. The first time an individual runs with the hyenas, he (or she) is obliged to cut his hair short, in the fashion of Falasha women; the subsequent transition from wer-hyena form to human appearance is accomplished on the following morning with the aid of a secret medicine. The _buda_ is, however, most dangerous, when in his prosaic human form, he produces the _buda_ syn-

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[52] Elsewhere in Ethiopia, _buda_ accusations are directed against local endogamous iron working peoples.

754 drome in a victim.

[826] *[192] The *buda* is attracted to 1) persons of "good blood" (*tiruw dem sew*: someone with a light, clear and unblemished complexion, or, by extension, with another particularly attractive, *konjow*, aspect of his body) and [264] 2) persons observed eating or drinking, particularly when the *buda* is hungry or thirsty. While concentrating on that aspect of the victim which attracted him (e.g., the face of the child of good blood, or the diner's mouth), the *buda* introjects his invisible self into the victim's body. Once inside, he sets to eating the viscera, simultaneously laying eggs from which prodigious numbers of *wosfat* hatch out. About two-thirds of his victims are children of ten years or less.

*753 754 His victim is never aware of the disease act taking place, and symptoms of the ailment appear only later in the day, as the *wosfat* hatched by the *buda* vent their rapacity on the sickman's stomach and heart. Thus, he experiences nausea, vomiting and fatigue. At nightfall the first of the ailment's dramatic symptoms appear, as the *buda* acknowledges his presence.[53] Complaints of nausea and stomach pain stop, as the sickman grows oblivious to

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[53] *Bibuda tabalac*, "seized by the buda", is also a common nomer for this ailment.

*753 754 his surroundings, stares vacantly before him. It is now that the buda cries out, through the sickman's lips, in a hyena call, and passivity gives way to vigorous attempts by the sickman to tear off his clothes and join the roaming hyenas once more. Now the sickman must be restrained forcibly, tied down if no longer a child. While restrained, he characteristically grits his teeth edge to edge, and presses fingers against palms, thumbs drawn inward, in facimile of a hyena; occasionally blood flows from his nose. Next morning, the sickman becomes more lucid but is greatly fatigued from the nighttime exertions.

*278 *755 The yibuda bašiyta medhaniyt awakiy begins his therapy with an herbal inhalent against the introjected buda. The herbals are either ground and placed in a sachet, crushed in the therapist's fingers and stuffed into the sickman's nostrils, or made into an infusion in which a cloth is wetted and inserted into the nostrils. The inhalent torments the buda like fire; his struggles to escape it are reflected in the sickman's writhing and blathering. The buda is wily and tries to hide in an unaffected part of the sickman's body. The therapist holds the buda fast, by seizing the sickman's stiffened thumbs to which the buda customarily secures himself in order to better eat at the victim's viscera. Simultaneously, the therapist presses a piece of unfired iron

*278 against each thumb.

*756 The buda is meanwhile addressed by the therapist: "What is your name?. What do you want?". In time the sickman's blathering gives way to a coherent response. At first the buda threatens the assembled people, particularly the therapist, and boasts of victims who have fallen to him in the past. While the buda struggles and threatens, the sickman is restrained and the inhalant in his nostrils is periodically replaced. If necessary, the inhalant is supplemented with an infusion, often containing the medicaments of the inhalant which the sickman is forced to drink.

At last the buda reveals his name, and the interrogation begins in earnest. The buda is asked his reason for attacking the sickman; is it his "good blood", or eating in public? The buda, prodded by the therapist, provides the relevant details, but couches his remarks in an esthetic rather than a social context (e.g., "the victim's blood is sweet"). The therapist then commands the buda to leave the sickman. The buda readily agrees, but it is frequently a ruse to avoid the inhalant. Thus, the effects of the inhalant are not allowed to wane until the therapist is convinced of the buda's sincerity. Frequently, the buda makes a final request before he agrees to leave. Most often he demands dirty things (e.g., dog or chicken feces). These are given to the sickman out-

*278 right, or quickly buried in the compound, into which *755 the sickman is released in order to find and retrieve them; he then eats a portion.

Once it appears that the buda has indeed left, the sickman is given a very strong purge to reduce the wosfat in him to healthful limits; the purge is terminated by a memcleša. The therapist inspects the evacuae for evidence of wosfat and partially consumed viscera. Some few practitioners also employ an "ash test"; here, hearth ashes are placed at the opening of the anus to be dispersed (via flatus) by the departure of the buda.

Following a successful cure, the sickman frequently learns that the foodstuff he had been eating at the time of the buda introjection is now an emetic for him. The consequences of a buda attack are generally less serious for a "good blood" victim; since his stomach was probably empty at the time of buda introjection, it provided the newly hatched wosfat with a less amenable environment in which to reproduce. Other former sickman, sometimes experience soreness in the area through which the buda introjected himself (e.g., if the calf, it will be stiffened after other symptoms have disappeared).

Inhalant therapy is not invariably successful, of course. A resolute buda can resist a weak inhalant; an inexpert interlocutor, particularly a non-professional recipient of a medhaniyt seci or ateci therapy, may be

*278 *755 unable to move the *buda* beyond incoherent ramblings, or may be content to stimulate the *buda* to no response at all; or a wily *buda* may, in spite of an otherwise adequate therapy, retain his hold on the sickman. Any one reason is sufficient to explain either a failure to obtain even a temporary remission of symptoms or, what amounts to the same thing etiologically, a recurrence of symptoms. Success now may require a more powerful therapy, substituting a fumitory for the inhalant.

*[192] The sickman is restrained as before. A fumitory pot containing smoking herbals is placed before him, and a heavy toga (*maviy*) is thrown over both the sickman's head and the fumitory pot, in a tent-like fashion. The fumitory pot is replaced periodically so that the *buda* is given no respite. Even during interrogation he is not allowed to rise from the toga. Profuse perspiration is not uncommon, and is considered an indication that the disease substance is being driven out of the sickman's body. The format of interrogation is altered in that the *buda*'s desires are no longer solicited; rather, his immediate departure is demanded upon threat of continued exposure to the fumitory. The *buda*'s departure is followed by a strong purge, as before.

*755 779 If, in spite of all, therapy fails, the victim's close kinsmen may seek out the responsible Falasha-*buda*. The *buda*'s identity is known from the therapeutic inter-

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779 rogation, or is perhaps provided by a professional diviner, or is reached through speculation and coincidence. Here, family and friends of the sickman threaten the unfortunate Falasha with his life should the sickman die; if the sickman is already dead, the suspect may be waylaid outright. Frequently, however, the identity of the buda is unknown; evidence may be circumstantial and inconclusive, or may point to a transient Falasha (from a distant and unidentified hamlet).

*755 Finally, therapeutic failure may have resulted from an inaccurate diagnosis, either cunningly manipulated by a zar or ganel, or the result of premature conclusions drawn from ambiguous symptomatic information.

APPENDIX C

EXAMPLES OF HILIM (DREAM) MESSAGES AND MOTIFS

*787 *[192] A. The message refers to a specified ailment; the following *hilim* motifs are matched with the relevant ailments:

drinking *talla* beer=*mers*, poisoning (*talla* is a common vehicle for *yijeseb*, poison)

dressing hair with *kibe*=*saal*, cough, and *gulnfan* catarrh (*kibe*, butter, is a common prophylactic pomade for these ailments)

cooking maize-*fantata*, pox or *kitin*, primary syphilis

being stung by insect=*kitin*, syphilis

seeing hut burn with only framework standing=*wereršiyn*, typhus

B. The complete message indicates impending, but unspecified, illness. *Hilim* motifs include confrontation by many soldiers, temporary loss of property (e.g., the principal's ox is lost and refound), spinning at the distaff, wearing new clothes, giving birth, coitus.

C. The complete message indicates death, but does not indicate by what means. *Hilim* motifs include a new hut (=grave), new clothes, loss of property (e.g., the principal's ox is stolen), entry into hut of donkey bearing sacks.

D. The complete message indicates the death of a

*787 designated kinsman but does not indicate by what means. Hilim motifs indicating the death of parents or sibling include walking staff breaks, short haircut (mourning *[192] tonsure), arm is broken, tooth is broken or lost. The breaking of a mitad (plate for preparing staple injera bread) indicates death of husband.

E. The complete message indicates the death of an undesignated kinsman, but does not indicate by what means. Hilim motifs include dancing (associated with joyous occasions involving kinfolk), eating foods prepared from the stomach, lungs, and liver of cow, sheep or goat.

F. The complete message indicates the activities of ganels. Hilim motifs include goats, nocturnal travels (associated with ganel activity).

G. The complete message indicates danger from humans. Hilim motifs include being invited into someone's hut (who wished to slay the dreamer), being bitten by a black snake.

APPENDIX D

EXAMPLES OF AWDUNIGIST DIVINATORY TEXTS

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A. *The Twelve Stars*. Required input is the subject's autonym, month, year (*zemene*) and diurnal phase of his birth; division is by twelve. The following is a translation of the medically-relevant information pertaining to men of the first star (i.e., remainder of one), *Hamil Iysat* ("intense fire"):

"The year of *Matiyows* is in general a bad time for him. Sickness will affect his stomach, head, and left leg during the month of *Tekemt*. If poison should be administered to him, it is certain to prove fatal. When fifteen and when twenty-two years old, he will be very sick. When he is fifty years old he will suffer serious misfortunes. During the months of *Meskarum*, *Heydar*, *Megarid*, *Sañey* of the year of *Luwkows*, he will be particularly susceptible to *wuwgat* (pain) and *saal* (cough). When he becomes ill, he should use the leaf of the *zigba* tree as a fumitory; in addition, the gum (*muwca*) which appears at the spot where the leaf was picked must be eaten. *Ganels* and lions are a special danger to the *Hamil Iysat* man. When sick, he should eat sesame, owl, and the rose; in addition, he should use the wing of an owl as a fumitory. Good days for him are Monday, Tuesday and Saturday. Bad days for him are Wednesday, Friday

*787 or Sunday. Should he fall ill on Wednesday, Friday or 539 Sunday, prescribed treatment should include a kitab of *[192] Mofte Sray (counter charm) written upon the skin of a white Adal sheep or upon a white goat skin. For aynitila, the Merbite Selomon book should be employed for writing a kitab. Treatment for ganel-inflicted sickness should include the text of Seyfe Melicot and the sacrifice of white and red sheep, and red chickens with white markings. White clothes and white domestic animals will be good fortune for this man. He has enemies jealous of him who wish him harm. He may die when he is forty years old, but if he lives past this age, his life will be good and he will be prosperous. Red things are good for him, and he must live in a red (clay) land. Poison (yijeseb) administered to him by a woman will probably be fatal to him. He has many enemies, people who are jealous of him, and he must pray to the Almighty for pro- *[192] tection. This man always wants to sleep with women, but kitin (syphilis), if contracted, will be likely to prove fatal. When he becomes ill, a sacrifice should be made of a brown and white sheep, or black sheep with white marking on its forehead; in addition, he should drink the blood found in the sheep's spleen. The Hamil Iysat man must be particularly careful of fires and of crossing, swimming, or coming into other contact with rivers or lakes. If he conforms to all of the above precau-

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539 tions, he will live until he is eighty-two years old."

B. *Specialized Texts*. Each of the following entries is representative of categories of *awdunigist* texts containing information of medical relevance. Each entry (with the exception of the last) is drawn from a different *awdunigist* text, and each is complete as it appears in the text.

I. An entry from a text indicating general dangers for a specified period:

"This month brings great danger, take care."

II. Entries from texts providing medical information which is cursory, often mixed with non-medical matters, and relevant for a specified period:

"Special dangers face you during the months of *Ter* and *Magariyd*. During that time, take care for thieves, misfortune and *ganel*-caused ailments."

"Be watchful during the first three weeks of the months of *Magairyd*, *Soney*, and *Nahasiey*. You will have an opp ortunity to defeat your enemies and to gain rank. If you are sick during these periods you will recover, but *yihod bašiyta* (stomach ailment) will prove fatal."

"Take care until the fifteenth of the current month (i.e., the month for which the computation has been made), for great dangers face you. Your rival and
*[192] enemy will surely attempt to harm you. Be particularly watchful of *denkera* (ensorcelling medicine placed by the

*787
539 roadside)."

*192 III. An entry from a text providing exclusively medical information for a specified period:

"On Wednesday he contracted the sickness, while eating food or washing his body. This sickness was caused by a female _ganel_ or a _buda_. Ego's head, stomach, heart are affected, and his lower back aches; his entire body has _bird_ (chills) and _kurtimat_ (rheumatoid-like pains), _takimat_ (diarrhea), _nisir_ (nosebleed), _towkit_ (vomiting), and _ibac_ (painful cutaneous swelling, generally of the limbs) over the body. These effects come and go; you will be very sick for the first twelve days; then _ras yazaral_ (dizziness), _kijet_ (nightmare) relating to day-time events will begin, together with more _wuwgat_ (pain). After one and a half years of this he will die. Appropriate medicine is a _yiseytan dorow_ (wild fowl); cook the meat and burn the feathers as an olficant. He will recover for a time. The red chicken, tan (_daliyda_) goat and sheep, red and gold breasted (_libiwork_) chicken, white and black (_gebsima_) chicken, black sheep with a white forehead (_buwha_) are appropriate sacrifices. Follow instructions noted under his star. All will then be well."

*787
539 IV. Entries from texts indicating which saints, angels, and biblical persons are disposed to assisting the subject:

*787
539 "Fear neither *ganels* nor evil men, for the angel Gabrael will be with you."

"Do not journey during the current month, for you will face death along the way. Death is coming to you; you must pray to Saint Mikael, and sacrifice a white sheep."

V. A complete set of entries from a single text providing prognostic information:

1. will die
2. will live, but never recover completely
3. will live without sickness
4. will die
5. a limb (or the use of a limb) will be lost
6. will suffer a chronic illness, but will eventually recover
7. will recover soon

192

[For vocabulary words _passim_ see category 116, pp. 5-75, 93-112, 123-157, 168-181, and 195-256.]

12: Young MP5 Amhara MP5

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[For information on use of pharmaceuticals, see category 116, pp. 10, 35, 39-69, 73 76-77, 81-90, 92, 113-125, 132-137, 157, 159, 162, 174, 182, 185, 192, and 237-249.]

753

[For information on theory of disease, see category 116, pp. 5-26, 35-40, 91-99, 116-118, 182-183, 190, 195-196, and 231-246.]

755

[For additional information on medical therapy, see category 757.]

12: Young MP5 Amhara MP5

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[For information on psychotherapists, see category 116, pp. xvi, 23, 27-30, 73-79, 87-99, 115-118, 139-142, 162, 174-179, 187-195, 198-236, and 240-241.]

12: Young MP5 Amhara MP5

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[For additional materials on medical practitioners, see category 759.]

12: Young MP5 Amhara MP5

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[For information on medical therapy, see category 116, pp. xix, 23-25, 33, 36, 41-43, 47-59, 62, 68-87, 113-115, 119-125, 135-136, 189-192, and 237-243.]

12: Young

MP5 Amhara MP5

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[For information on medical personnel, see category 116, pp. 23, 27-30, 33-43, 51-67, 70-92, 113-121, 132-137, 187, 191-193, 213, and 237-242.]

12: Young MP5 Amhara MP5

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[For information on revelation and divination, see category 116, pp. xix, 5, 156-186, 190-192, 198, 202-217, 221, 223, 234-236, and 251-257.]

12: Young MP5 Amhara MP5

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[For information on priests as medical practitioners, see category 116, pp. xvii-xix, 11, 29, 70, 73, 84, 87-96, 107-108, 112-113, 139-159, 166-181, 185-195, and 198-236.]